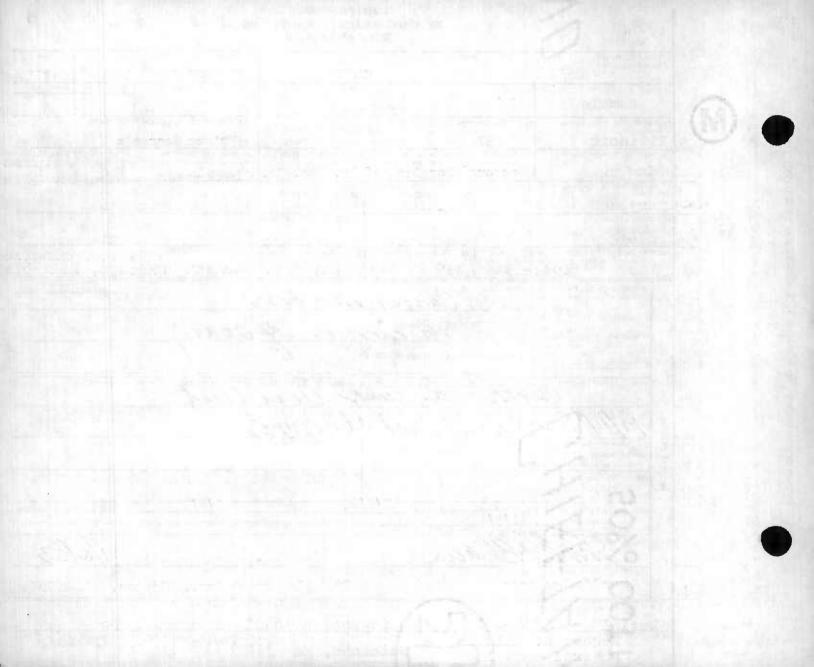
(VRA 15, 4)

Funeral Home Inc



	ECEASED NAME FIRST	MIDDLE	LAST	REG. NO.		
		D+L		20. DATE OF DEATH MONTH		HOUR
	SALLIE	Ruth R	HALL	01	10 00	1:15
3. SE	Female	Cau.	5. DATE OF BIRTH Det. 26, 1918 VEAR	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HO	INDER 24 HE
71	COUNTRY)		MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COL	INTY OF DEATH	
		11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION	12h KIND OF BU	SINESS
6	CLINTON	SOUTHERN MAERYL	AND HOSPITAL CENTE	ER Homemaker	NG LIFE) INDUSTRY H	ome
		OTHER INSTITUTION GIVE RESIDENCE BEFORM 131, CITY OR TON RITCHI	PYES NO		nd Park St	t.20
14. F.		Murray Murray	15. MOTHER'S MAIDEN N	Naomi	Bedförd	d
		E WAR OR DATES		ADDRESS Hall same a	s 13	
CATION	gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT C	conditions CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	20a AUTOPSY? 20b. 1	F YES, WERE FINDINGS	USED
RIFE				YES NO	YES N	0 🗆
	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR	JKKED (ENTER NATURE OF INJURY IN ITEA	A 18 PART 1 OR PART 2)	
MEDI	21d. INJURY OCCURRED	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	FARM ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	220.1 certify that (!) (this hospit	1.15		, 10	hour and from the couse	(1) (wa) es stated
	William	Kent Sunt		MEDICAL STAFF DIRECTOR PHYSICIAN		
			9401 Indi	an Head Highw	ay Oxon H	ill
2.0	BURIAL, CREMATION, REMOVAL	23b. DATE 23c.	NAME OF CEMETERY OR CREMATORY	23d LOCATION		Mdaje
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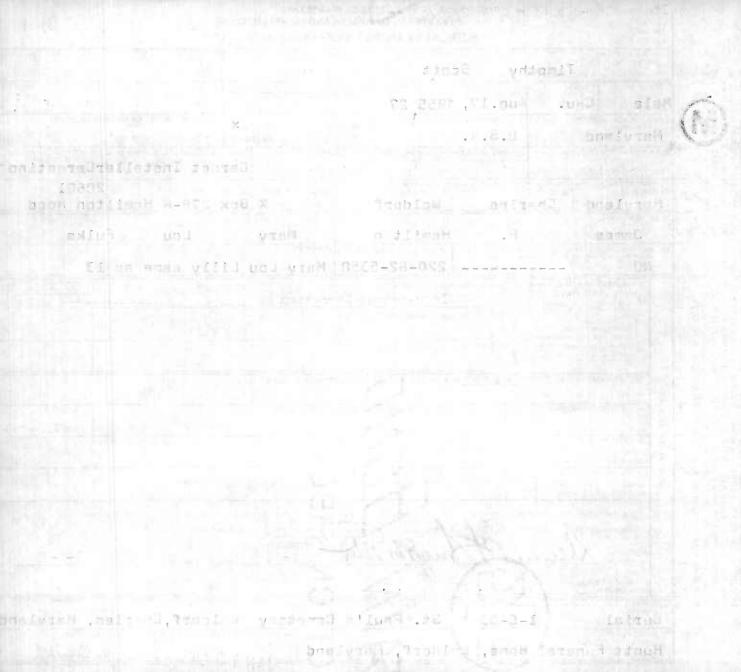
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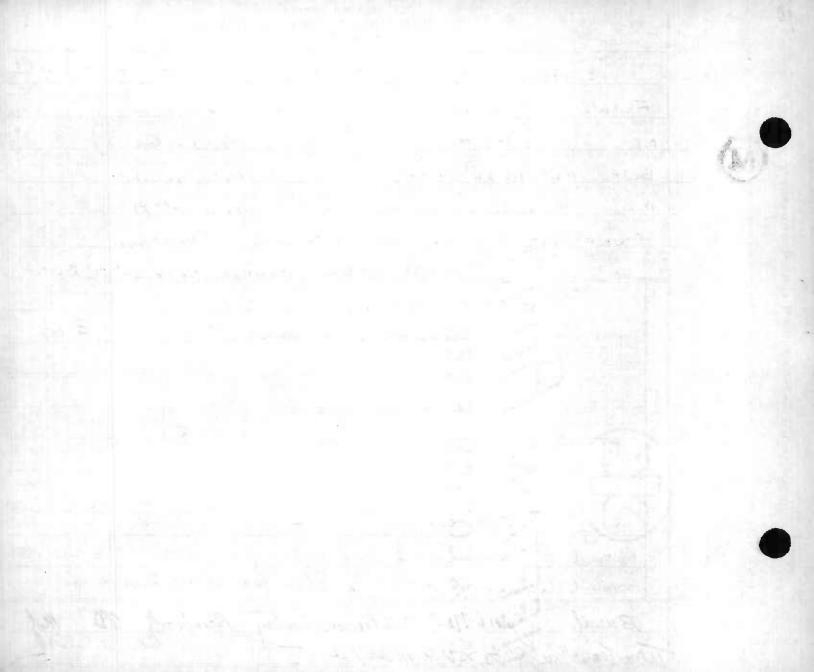
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TI 4. RACE Cau. CE (STATE OR UNITRY) I AND I A	S. DATE OF BI MONIH AUG. 8 7b CITIZEN C U.S. III. NAME OF (IFNOT INS) Prince GROWE OR OTHER INSTITUTE COUNTY Charles MIDDLE P. U.S. ARMED FORCES? YES, GIVE WAR OR DATES) Enter only one cause per CAUSED BY. IMEDIATE CAUSE (a) DUE TO	A. HOSPITAL, NURSING HUCHTACKING, GWE ARSON CE BEFORE AD INC. CITY OR TOW Waldon 160. SOCIAL SECULAR COMMENTS	MARRIED WIDOWED OME, OR OTHER IN 15.50 WINDSION 13.1 URITY NO. 17.1 -5350 N	NEVER MARRIED NEVER MARRIED DIVORCED INSIDE CITY LIMITS? INSIDE CITY LIMITS? ES NO NOTHER'S MAIDEN Mary INFORMANT	DEATH MAT SHRS. 2c. DATE PRONOUNCED DEAD 9. BALTIMORE 2c. USUAL OCCUPATIO FOR MOST OF WORKING IT 3c. STREET ADDRESS BOX 278-A NAME MIDDLE LOU AD	MONTH CITY OF COUNT GEOTGE'S N (TYPE OF WORK TE) Hamilt FU DRESS	I 19 83 DAY YEAR I 19 83 IY OF DEATH COUNTY, 1726 KIND OF BUSING OR INDUSTRY CATPET: 20601 ton Roas	4:1 a.
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ATE OF OPERATIO	DN 196 CC	ONDITION FOR WHICH C	OPERATION WAS F	PERFORMED?			20 AUTOPSY?	NO []
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JURY OCCURRED NOT WH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ACE OF INJURY (AT HON IT, FACTORY, FARM, ETC.)	ME. ZII LOCAT STREET		CITY OR TOWN	COL	UNTY	STATE
		Acadent .	Suicide	111	Inquiry , Undetermined manner _MEDICAL EXAMINER Penn Stre		1-1-83	
INER'S NAME OR PRINT)	Dennis F.	. Smyth, M.D	ADD					
ĸ	· Llo	TURE Llewing	TURE DODDIE & SMUTH M. F.	NER'S NAME DONNIS F Smyth M.D.	TURE MELLINE SPECIFY) NER'S NAME DODDIS F. SMYTH M.D. ASSISTANT	TURE Dennis F. Smyth, M.D. ADDRESS III Penn Stre	THE SPECIFY) DATE SIGNE NER'S NAME DORD STREET	THE SPECIFY) MANUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED 1-1-83 NER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn Street



10-	1.	FOR STATE	DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3 0	2 3 8 2
	1.05	REGISTRAR CEASED NAME FIRST	MIDDLE	LAST.	REG. NO.	DAY YEAR 2b HOUR
0 0 0 0 1		Sarita Sarita		HANNAH		3 1983 914
nay be page 3	3. SE		1 RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ctor,		Female	Caucasia	O 10 1910	10	MONTHS DAYS HOURS MIN.
2 11 5	Jo B	RTHPLACE STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT		9 BALTIMORE CITY OR COUNTY	OFDEATH
50		OUNTRY)	.U.S.A.	WIDOWED DIVORCED	0.	MD.
AD IN	10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STI	SING HOME OR OTHER INSTITUTION	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIF	120 KIND OF BUSINESS OR
		Beltsville	11626 34th	PI	Media Specialis	+
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 INC. Attending physician be executed within 21 haur cattending physician and completely tiled in their this certificate has been signed by the attending physician and completely tiled in sthe burnal-transit permit. Then please remove carbon papers. Pages I and 2 should be net than Americal Pages and 2 should be net to and Americal examinement by an orked or Hem 18 shows any injury, or other traumotic event, the medical examinement by an orked or Hem 18 shows any injury, or other traumotic event, the medical examinement by an orked or Hem 18 shows any injury, or other traumotic event, the medical examinement by an orked or Hem 18 shows any injury, or other traumotic event, the medical examinement by an orked or Hem 18 shows any injury.	130.	ND PRINT	ce George Bults	OWN 13d. INSIDE CITY LIMITS?	136 STREET ADDRESS 11626 34+4 P1.	20705
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RE, MA	16a. \	WAS DECEASED EVER IN U.S. A		ECURITY NO. 17 INFORMANT	ADDRESS	CA
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that the a by the calculations and cremon		gove rise to immediate cause (a), stating the underlying cause last	DUE TO, OR AS A CONSE	OUENCE OF		
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TAL RECORD The low restriction.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WH	ICH OPERATION WAS PERFORMED	IN CERTIF	S, WERE FINDINGS USED YING CAUSES OF DEATH? S NO
SION OF VITAL RE PHYSICIAN: The Ic ending physicion. This centricate has be burnal-transit per ad Mental Hygiene. d or Item 18 shows		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINE)	HOUR A.M. MONTH	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18, P	ART 1 OR PART 2)
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TEND to on ose		saw the deceased plive p	ot) view the body after death.	0 >	n death occurred an the date and hau	19 8 3 , that (I) wet last r and from the causes stated
OR he ho DIRE		Morrill C.	Zunnav	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	3 JAN , 1983
TO HOSPITAL retained by the TO FUNERAL should be detr with the State			INNAM JR. M.D		AMPSHIRE AVE. SILVER	SPRING-
BP	-	BURIAL, CREMATION, REMOVA	23b. DATE 1983	30 NAME OF CEMETERY OR CREMATORY	Brintwood.	OD mel
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	ngton D.C.		VHAT COUNTRY?	MARRIED NEVER MA	RRIED U	ince Ge		County	/ M
	rdale	(IF NOT IN SUCH	OSPITAL, NURSING HOMI FACILITY, GIVE STREET ADDRESS) Orton Place	, OR OTHER INSTITUTION	House	CUPATION (TY	YPE OF WORK	OWN HOL	SINESS
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CERTIFICATION 13/0 1	DATE OF OPERATION	19b. CONE	DITION FOR WHICH OPER	ATION WAS PERFORMED?				20 AUTOPSY?	
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Ö 21d I	NJURY OCCURRED ILE NOT WHILE WORK AT WORK	71e PLACE	E OF INJURY (ATHOME,	5402 MOrto	Orton Place Riverdale				d STATE
dec	20 I certify that I taak on the resulted fram:		Accident , Su	Autopsy XX. Inspecicide Hamicide X TITLE (SPECIFY M.D. Assista	. Undetermined	manner	and in my apir DATE SIGNED	1 10	83
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	REGISTRAR DECEASED NAME (TYPE OR PRINT)	FIRST	ME	DICAL EXAMINER'S	LAST	20. DATE KNOWN OF ESTI-	MONTH DAY YEAR 26 HOUR
		Chile "	DATE OF BIRTH	6. AGE (IN YEARS IF L	JINDER I YR. IF UNDER	DEATH MATED L 24 HRS. 2c. DATE PRONOUNCED DEAD	MONTH DAY YEAR 14 HOUR - 19 19 5 P M
70	BIRTHPLACE (STATE FOREIGN COUNTRY) Tllineis			HAT COUNTRY?	RIED NEVER MARR	IED Brugge	OR COUNTY OF DEATH
00	City or town of	ugs 6	GO 9 /	SPITAL, NURSING HOME, OR O' ACIUMY, GIVE STREET ADDRESS! HOW F	THER INSTITUTION	12a. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Secretary	PE OF WORK 12b KIND OF BUSINESS OR INDUSTRY Fed. Gov t.
5 13c M	SUAL REPORT OF THE PART OF THE	Pr. Ge		ine residence before admission) 13c. CITY OR TOWN Camp Spring	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADDRESS 6609 Howie Ct	. 20748
0	FATHER'S NAME FIRST Warren		DDLE	Rankin	15. MOTHER'S MAID FIRST Goldie	WIDDLE	Reynolds
16	(YES, NO, OR UNKNOWN)	VER IN U.S. ARMED (IF YES, GIVE WAR	FORCES? OR DATES)	349-12-6640	Gerald J.	Hasbargen, Sr.	Same as item 13
AL, CREMATION, OR REMOVAL.	gave rise couse (a) sta lying cause I		(c)	R AS A CONSEQUENCE OF	ASE OR CONDITION GIVEN IN PA	iRT 1 (a).	
2	19a. DATE OF OP	ERATION	19b. CONDI	ITION FOR WHICH OPERATION	WAS PERFORMED?		20 AUTOPSY?
				M. MONTH DAY YEAR	HOW INJURY OCCURRI	ED LENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	CONTRIBUTING 21d. INJURY OCC WHILE NAT WORK A	URRED OT WHILE T		OF INJURY (ATHOME, 21f. L CTORY, FARM, ETC.)	OCATION STREET	CITY OR TOWN	COUNTY STATE
2	22a. I certify the death resulted f	hat I taok charge af	Quees J.	Accident . Suicide .	Hamicide TITLE (SPECIFY) M.D. Deputy	Undetermined manner ,	DATE 1-19-83 SIGNED 20748 emple Hills, Md.
23	BURIAL, CREMATIO	N, REMOVAL 23b. D		23c. NAME OF CEMETERY Cedar Hill	OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY STATE P.G. Md.
24	FUNERAL DIRECTO	R	ADDRES:				ISTRAR'S SIGNATURE

ffo ditis reamed no H Illinois Jecret ry red. sevit. stryland in George damp pring a 6609 Howie Ct. 20748 eviolde Goldie . sni in 'aller 3.9-12-6640 Garald J. Encorren, Sr. Fixe as item 13 Gremation 1/22/63 Cedar Hill Grematory mitland 1.0. Me. George F. Kalas offo Oron Hill Md. Oron Hill, rd.

Martell Adams Aquasco Md 20608

(VRA 15, 4)



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Chambers Funeral Home Riverdale, Maryland

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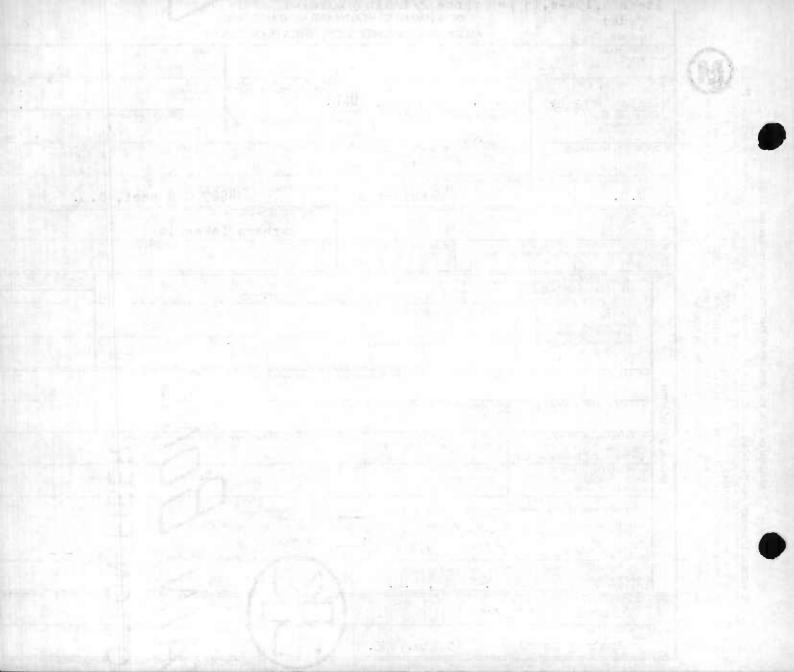
STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8

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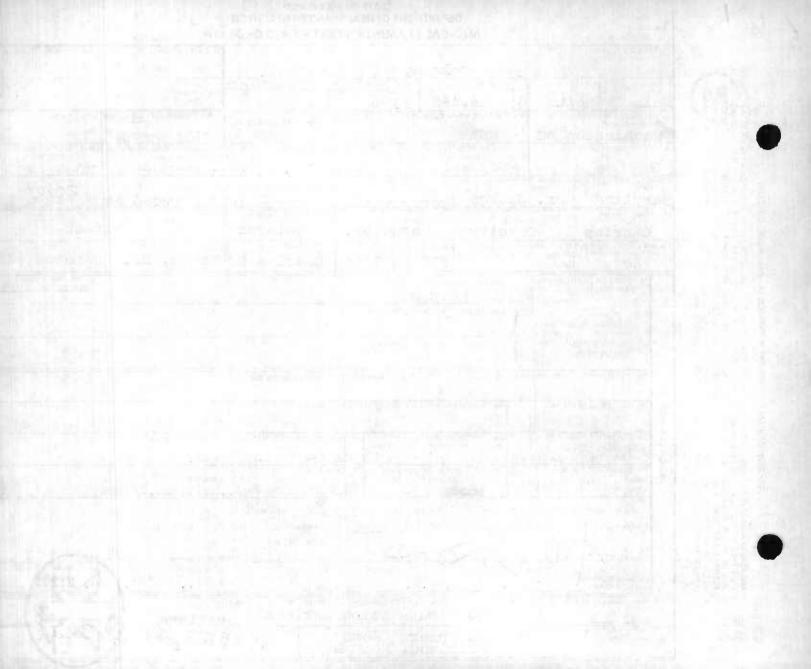
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TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN 17EM 1B. GIVE PARECE A SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR TAFER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, TRANSIT PERMIT. PAGES 1		Conditions, gave rise couse (o) st lying cause	,	DUE TO, C	DR AS A COM	N Infar	OF OF										
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DEPARTMENT OF HEALTH AND MENTAL HY	HENE 5 0 2	3 9 0
1- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF	DEATH REG. NO.	
1. DECEASED NAME FIRST MIDDLE LAST	20. DATE KNOWN MONTH	DAY YEAR 25. HOUR
CHARLES Cokeley HESSE, JR.	OF ESTI-	13 19 83
3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24		DAY YEAR 24 HOUR
Male White Oct 16,1959 23 YRS. MONTHS DAYS HOURS M	PRONOUNCED DEAD	22 19 83 11:15
76 BIRTHPLACE ISTATE OR 76 CITIZEN OF WHAT COUNTRY? FOREIGN COUNTRY) MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	
Washington DC USA WIDOWED DIVORCED		s County MD
10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 11.	USUAL OCCUPATION (TYPE OF WORK	12b. KIND OF BUSINESS OR INDUSTRY
Suitland woods behind 3603 Jaywood Ave.	ron Worker	LOcal #5
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	603 Jaywood Av	re 20/4/
14. FATHER'S NAME FIRST MIDDLE LAST FIRST. 15. MOTHER'S MAIDEN FIRST.	MIDDLE	_ LAST
Charles Cokeley Hesse, Sr. Dolore	Pa	rker
160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 160. SOCIAL SECURITY NO. 17. INFORMANT	ADDRESS	Cama ag #11
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18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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ACTUAL SIGNATURE M.D. Assistant	MEDICAL EXAMINER SIGN	1-23-83
GENAMINER'S NAM		
EXAMINERS NAM Ann M. DIXON, M.D. ADDRESS 111 F	enn St., Balto.,	Md. 21201
(SPECIFY)	3d. LOCATION CITY OR TOWN COL	JNTY STATE
BPBurial 25Jan83 Washington National	Suitland Po	, Md
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(VR A15 ME (5)) 20M 4/82 Suitland, Md. = JAN	V	



	1.	FOR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 2 3 9 1		
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din din AMer Me	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	216 PLACE OF INJURY 216 LOCATION		
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TO HOSPITAL retoined by the TO FUNERAL should be det with the State IMPORTANT:	E	RICHARD	A. Farson 9401 Indianhead Highway Ft. W.	15 h	
D = 5 4 3 8	23a.	BURIAL, CREMATION, REMOVA	AL 236 DATE 236. NAME OF CEMETERY OR CREMATORY 23d LOCATION CITY OR TOWN	11	
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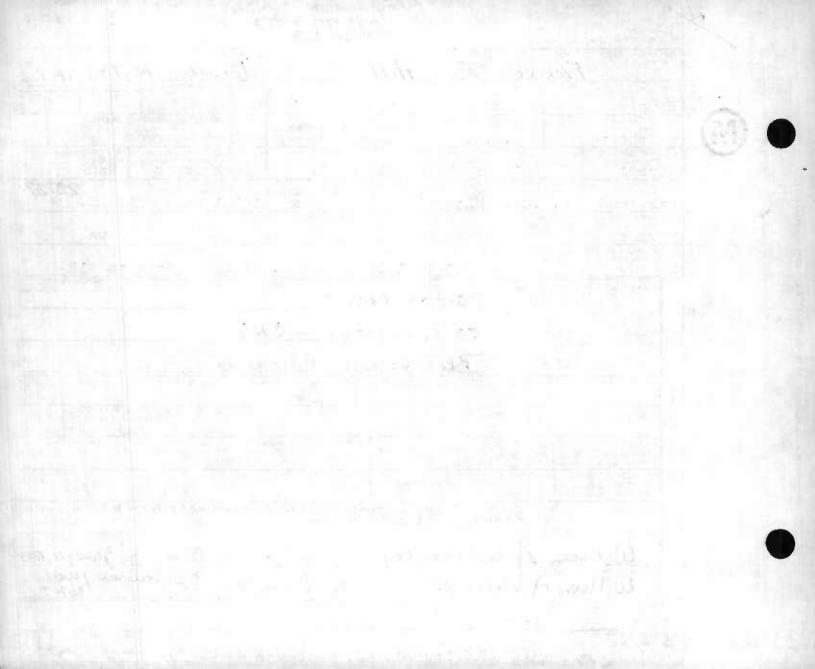
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DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) ELLE. OF ESTI-12 ŏ R FILES. HOURS STREET, DEATH MATED 19 4 RACE & AGE (IN YEARS I IF UNDER 1 YR. IE LINDER 24 HRS 3. SEX 5 DATE OF BIRTH DATE MONTH YEAR LAST BIRTHDAY) PRONOUNCED 87 DEAD April 19 7a. BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) DIVORCED Prince George's Va WIDOWED ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS 2 202 FOR MOST OF WORKING LIFE) OR INDUSTRY 18. GIVE PAGES 1, 2, AND 3 TO THE GOVERN PAGES 1, 2, AND 3 TO THE GOVERN PAGES 1, SHOULD BE FILE, DIVISION OF VITAL RECORDS, 28 Cheverly Retired Housework USUAL RESIDENCE LIFTIN HURSING HOME OR OTHER INSTITUTION, GIVE RESIDEN 13n STATE 13c. CITY OR TOWN 13b. COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS P.G. Landover 7256 Landover Md. YES X NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST MIDDLE LAST Harrison Richard Northington Emma 17 INFORMANT ADDRESS 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 1AL SOCIAL SECURITY NO. IYES, NO. OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Ellen Marshall-Same 13 above as No APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WI TO EUNERAL DIRECTOR: PAGE 3 SHOULD BE USED SA B URIAL: TRANSIT PERMIT. AFTER DEATH WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DI BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. PART I DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE & lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH RUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART L (g) CERTIFICATION 19a, DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES [] NO [719 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 71c. HOW INJURY OCCURRED SENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH PM 19 218 PLACE OF INJURY (AT HOME 211 LOCATION 21d INJURY OCCURRED STREET STREET, FACTORY, FARM, ETC.) CITY OR TOWN STATE COUNTY WHILE NOT WHILE WHILE Inspection P 220. I certify that I taak charge of the remains described above, held an Autopsy ond in my apinian death resulted from-Hamicide Undetermined manner Natural causes Accident ACTUAL MEDICAL EXAMINER SIGNED EXECUTE 1 PAGE 4 SI TO FUNER EXAMINER'S NAME (TYPE OR PRINT) 23d LOCATION 230. BURIAL, CREMATION, REMOVAL 236 DATE 23c. NAME OF CEMETERY OR CREMATORY STATE Burial 1/24/83 Highland Park Harmony BP 24. FUNERAL DIRECTOR **DHMH - 17** 4925 BURROUGHS AVE. N.E (VR A15 ME (5)) 20M 4/B2

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M.	STATE OF MARYLAND	0 11 0 11
1 - STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	2343
REGISTRAR 1. DECEASED NAME FIRST	MEDICAL EXAMINER S CERTIFICATE OF DEATH REG. NO. 2a DATE KNOWN T	MONTH DAY YEAR ZE HOL
(TYPE OR PRINT) MM	A DATE KNOWN	1 7 1.83 1.2.
3. SEX RACE Whit	S/DATE OF BIRTH NOV 1,1963 6. AGE (IN YEARS 1F UNDER 1 YR. 1F UNDER 24 HRS. 26. DATE NOV 1,1963 19 YRS. MONTHS DAYS HOURS MIN. PRONOUNCED DEAD	7 183 1.24
70. BIRTHPLACE (STATE OR VIPEINIA	U. S. A. WIDOWED DIVORCED Prince	George's
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USUAL RESIDENCE (IF IN NURSING HOME 130, STATE 131, COUR	OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION: 134 INSUE (ITY LIMITS? 136, STREET ADDRESS YES NO 3736 Hallow	
M. FATHER'S NAME Robert	William Hildebrand Helen	Garafola
160 WAS DECEASED EVER IN U.S. AR	MED FORCES? WAR OR DATES) 16 SOCIAL SECURITY NO. 17. INFORMANT Helen G. Hildebrand-No. Marl	rth. Upper
	(b)	
T90. DATE OF OPERATION 210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. Legrify that I took char	196 CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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(TYPE OR PRINT) 23a. BURIAL, CREMATION, REMOVAL	CITY OR TOWN	COUNTY
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Richard A. Col Funeral Home	eman -Upper Marlboro, 250 DATE REC'D. BY REGISTRAR 251 BEGIST AN 10 1983	S Canell

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST . DECEASED NAME FIRST 20 DATE OF DEATH MONTH 2b. HOUR (TYPE OR PRINT) $(N_{\bullet}M_{\bullet}I_{\bullet})$ Irene Hoelscher January 20, 1983 M 900:11 3 SEX 4. RACE 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR MONTH Nov. 28, 1905 Female White To. BIRTHPLACE (STATE OF FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED NEVER MARRIED Ohio U.S.A. Prince George's DIVORCED [WIDOWED 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 120. USUAL OCCUPATION 176. KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) (TYPE OF WORK FOR MOST OF WORKING LIFE) Riverdale Housewife Leland Memorial Hospital Own Home USUAL RESIDENCE (IF NUMBER OF OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Zip Code - 20782 13e STREET ADDRESS 13a STATE COUNTY 13c. CITY OR TOWN 1 13d INSIDE CITY LIMITS? 6002 41st. Ave. Maryland P.G. **Hvattsville** 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Lasley Unknown Kate 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT 16b. SOCIAL SECURITY NO Address Same as (YES, NO OR UNKNOWN) HE YES, GIVE WAR OR DATES 283-16-5712 Mrs. Joyce Ann Ruleman No# 13e. No APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o ACONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (a), stating underlying couse ONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL RISEASE OF CONDITION & IVEN IN RART ! 19a DATE OF OPERATION 196 COMPITION FOR WHICH OPERATION WAS PERFORMED 206. IF YES, WERE FINDINGS LISED 70a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO YES [NO 710 ACCIDENT WAS UNDERLYING 716. TIME OF INJURY 216 HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING TO CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER) P,M 21d. INJURY OCCURRED 21e. PLACE OF INJURY THE LOCATION COUNTY CITY OR TOWN STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC ! AT WORK NOT WHILE 220.1 certify that (1) (this haspital) attended the deceared from

774. PHYSICIAN'S NAME (TYPE OF PRINT

226. SIGNATURE

Burial

sow the occased give on obove, (1) we) (did (did pat) fiew the body after death.

22e ADDRESS

Ft. Lincoln Cemetery

DEGR

236. BURIAL CREMATION, REMOVAL

Merrilyn Brown, M. D.

4404 Queensbury Road, Riverdale, Md. 20737 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION Brentwood

X DIRECTOR PHYSICIAN

and that w (my) our) opinion death occurred on the date and hour and from the causes stated

24. FUNERAL DIRECTOR F. Gasch's Sons F.H. P.A. Hyattsville, Md.

Jan. 25, 1983

ATTENDING

PHYSICIAN

MEDICAL

P.G. Maryland 250. DATE REC'D. BY REGISTRAR 25 SEC STRAR SAIG COURSE

22c. DATE SIGNED

1-21-83

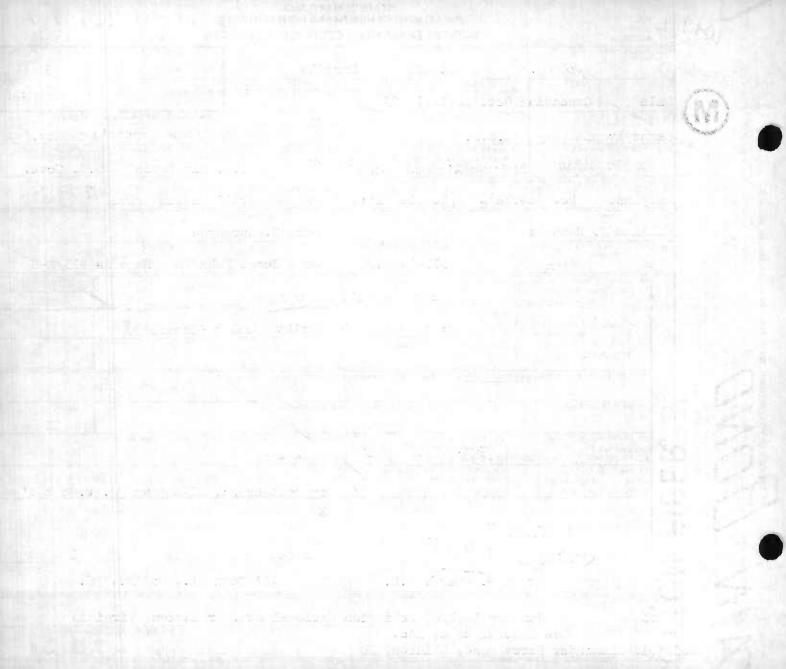
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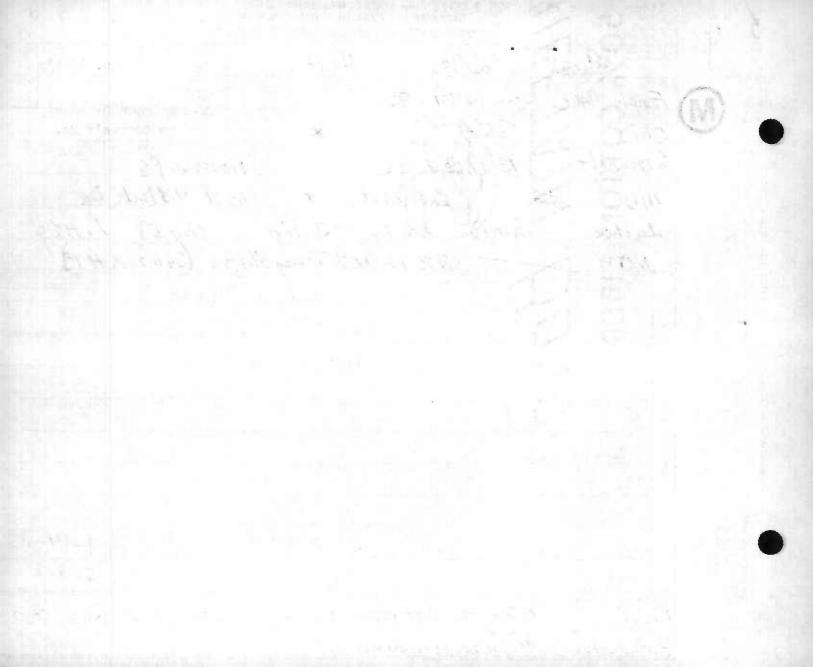
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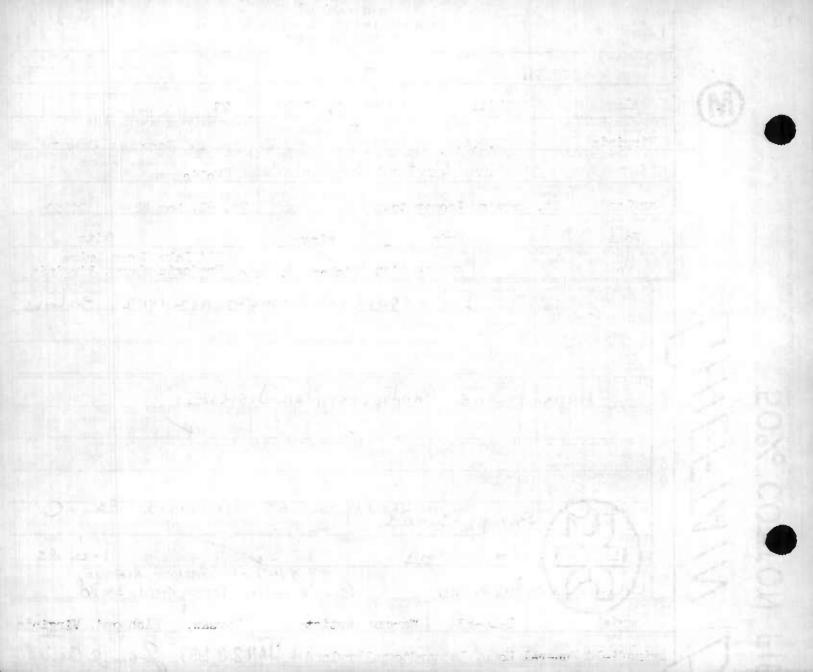
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KY, PLE	3. SEX	mols Court	5. DATE OF BIRTH	1391 S	E (IN YEARS IF UI		MIN. PRON	DATE NOUNCED DE AD	MONTH	DAY YEA	14.11001
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マードを引んりつ	10	Y OR TOWN OF DEATH		SPITAL, NURSING	HOME, OR OTH	VED A DIVOR	12a USUAL O	CCUPATION IT			BUSINESS STRY
KOI VY DELAY D 3 TO TH TAIN PAGE CORDS, 20	USUA USUA	L RESIDENCE (IF IN NURSING HOME C ATE 13b_COUN		13c CITY OR T	OWN 21	13d: INSIDE CITY LIMITS?		DDRESS . W.			
MD. 21201 H. IF ANY 1, 2, AND 3 2 SHOULD 22 SHOULD TALRECOR	I4 FA	THER'S NAME	,	GREEN	6815	YES NO [134	1113/5	di	DA 20	770
ORE, N PATH TAND TAND TAND	7	Lythor	(Nm1)	No	5/2	Juli'A		WML) /	1, H-8	G
AFTER SIVE PARTH FOR HER FOR H	Ton. W	AS DECEASED EVER IN U.S. ARI S. NO. GRUNKNOWN) (IF YES, GIVE	WAR OR DATES)	275-	12-782	17. INFORMANT	HAFER	Same	2-15	413	
PRESTON ST., E ITHIN 24 HOURS CIL IN ITEM 18, C RER ALONG WI ANSIT PERMIT, F AL HYGEREN, DI) REMOVAL.		18 CAUSE OF DEATH (Enter on PART I DEATH WAS CAUSED IMMEDIA' Conditions, if ony, which gave rise to immediate	BY: E CAUSE (a)	e far (o), (b), and	hyoca	idial.	mjre	fw		APPROXIM BETWEEN ON	ATE INTERVAL SET AND DEATH
RDS, 201 W. EXECUTED W NG" IN PENI CAL EXAMINA 1 AND MENI MATION, OR		cause (a) stating the <u>under-lying couse last.</u> PART 2 OTHER SIGNIFICANT CONDITIONS	(c)	R AS A CONSEQUE	MY	ver ten	PART 1 (a)				
OF VITAL RECORDS, ATE SHOULD BE EXECTED WORD "FENDING". THE CHIEF MEDICAL, ID BE USED AS A BUI WENT OF HEALTH AN	CERTIFICATION	19a. DATE OF OPERATION	19b. COND	ITION FOR WHIC	H OPERATION V	/AS PERFORMED?				20 AUTOPS	
ON OF VI		210. EXTERNAL CAUSE WAS UNDERLYING OR CONTRIBUTING CAUSE OF I	EATH P.A	M. MONTH DAY	YEAR 19	OW INJURY OCCURI	RED LENTER NATURE	OF INJURY IN ITEM 1	B PART 1 OR PAR	YES L	NO []
DIVISION HIS CERTIFIC WRITING TH AREDED TO AGE 3 SHOU ATE DEVICE 21201 PRIOR	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE C AT WORK		OF INJURY (AT		CATION	СПУ	ORTOWN	COL	YINIY	STATE
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELA PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PROFESS 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE 4 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE AFTER DEATH, WITH THE STATE DEPARTMENT OF HARLTH AND MENTAL HYGIERE, DIVISION OF VAITALRECORDS, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		22a I certify that I taok charg death resulted fram: Natur ACTUAL SIGNATURE	e of the remoins de ol couses	Accident DAR	Suicide Autop	Homicide TIPLE (SPECIFY)	Undetermine		DATE	1-14	-83
MEDIC ECUTE 7 COR 4 SI TIRR DEA	-	EXAMINER'S NAME 56	in a	nnap	olis R	ADDRESS BO	laders.	bus.	MO	2071	6
Bb	23n Bl	URIAL, CREMATION, REMOVAL 2	BJAN 8	m. 1 1	OF CEMETERY O	CEMSTRU	23d. LOCATIVE CITY OR TOV	eeville	FRAN	Win	STATE
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Brinsfield Funeral Home, Leonardtown, Maryland

FOR

(VRA 15, 4)

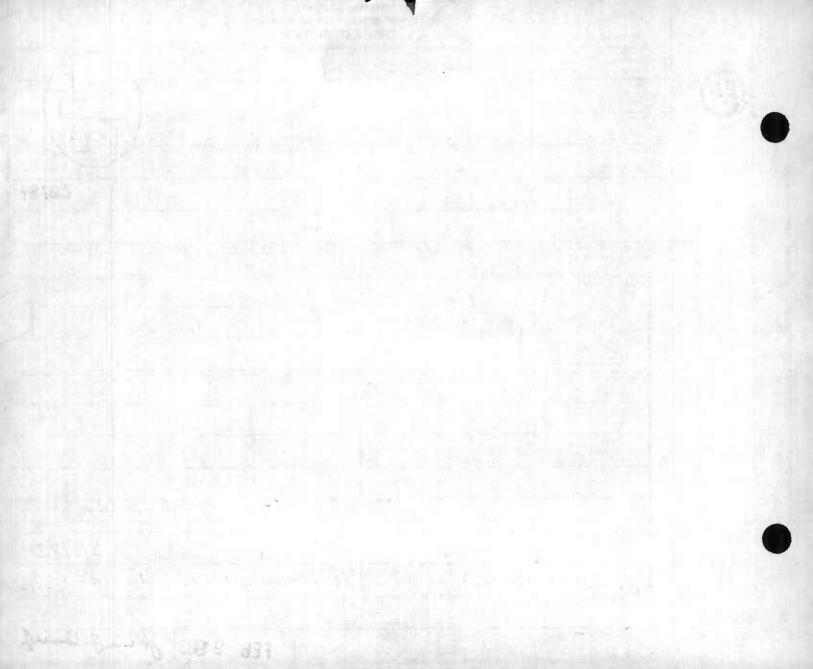


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3831 Georgia Ave. NW; Washington, DC

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE



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3 58	x ale	Richar 4. RACE White	S. DATE OF BIRTH	6 AGE IN YEARS IF U	ACKSON JNDER 1 YR. IF UNDER THS DAYS HOURS	MIN. PRONOUNCED	8 19 83 DAY YEAR 24 HG
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20 14 1	Raymo		MIDDLE	Jackson	15. MOTHER'S MAID	DEN NAME A	llemsı
160	WAS DECEASE	D EVER IN U.S.	ARMED FORCES? GIVE WAR OR DATES)	166. SOCIAL SECURITY NO. 214 30 4026	June p. Ja	ackson Saem as #13	(Mother)
160 AECONOMIC	gave r cause (a	ons, if any, who ise to immedi- o) stoting the und	iote (b)	R AS A CONSEQUENCE OF			
ION	gave r cause (o lying ca	ise to immedi) stating the <u>und</u> use last.	ONS CONTRIBUTING TO DEATH	R AS A CONSEQUENCE OF		ART 1 : 0	20 AUTOPSY?
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20M 4/82



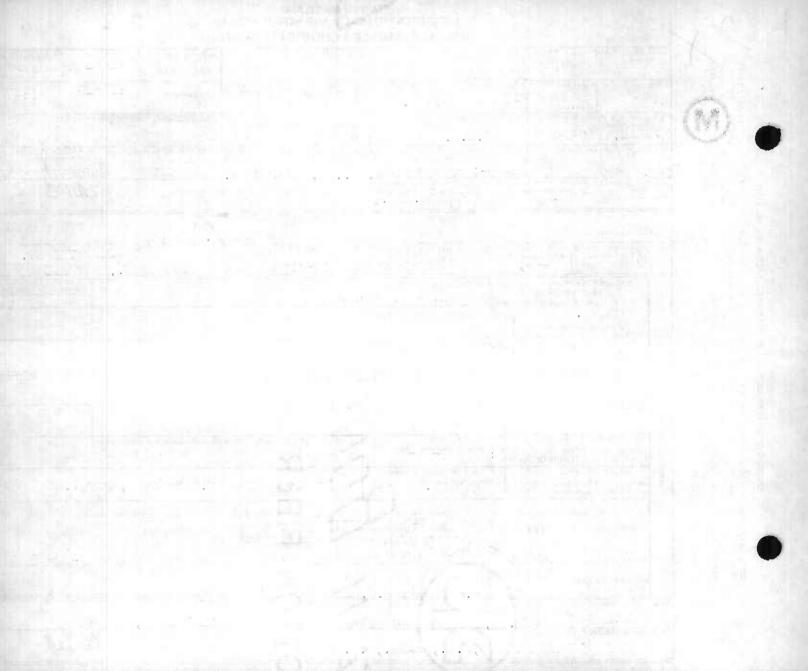
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ē.		LE	BLACK	MONTH DAY	YEAR	LAST BIRTHD	MONTH		HOURS	MIN.	2c. DATE PRONOUN	CED	1-2	27-83	TEAR	9:47F
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88	90	gave r	ise to immediate) stoting the under-	(b)												
,		lying car		DUE TO, OR	AS A CONS	SEQUENCE)F									
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EW	Z	THAT Z OTHER S	IONITICANI CONDITIONS	CONTRIBUTING TO DEATH B	UI NUI KELAII	ED TO THE TERM	NAL DISEASE	OR CONDITION	N GIVEN IN PART	T 1 (a).						
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5	×	AT WORK	NOT WHILE X	X STREET, FAGTO	gwy. etc	.)	Get	orge I	Palmer	- Hgv	WESTY OR LOW	andove	er, M	tary la	and	STATE
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i	23a. B.	JRIAL, CREMA	TION, REMOVAL 2	3b. DATE	23c. N/	AME OF CEA	_				CATION			YIMU	STA	YE.
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R	1-	FOR STATE REGISTRAR		DEPARTM	ENT OF HEALTH AN CERTIFICATE O	ND MENTAL HYG	REG. NO	0 2 4	0 3
:		CEASED NAME FIRST OR PRINT)		W. JACKS	ON LAST		20. DATE OF DEATH	01-18-83	26 HOUR 4:35 PM
e 4 moy	3. SEX	MALE	1. RACE	k	5. DATE OF BIRTH	1925	6 AGE (IN YEARS LAST BIR	THDAY) IF UNDER 1 YEA MONTHS DAY!	
leath. Pag		RTHPLACE STATE OR FOREIGN OUNTRY)		WHAT COUNTRY?	8/	ER MARRIED DIVORCED	9 BALTIMORE CITY O	RCOUNTY OF DEATH	Y MD.
by the filled w	Cł	TY OR TOWN OF DEATH	PRINCE	EORGES"G	DORESS HOSENERAL HOS		12a USUAL OCCUPATE (TYPE OF WORK FOR MOST O	ON 12b. KIND IF WORKING LIFE) INDUSTR	OF BUSINESS OR
filled in hould be	13a. S	AL RESIDENCE (IF NURSING HOME TATE	OR OTHER INSTITUTION JUNTY	GIVE RESIDENCE BEFORE	YES X	DE CITY LIMITS?	130. STREET ADDRESS	9th ST. Rich	23223 mond, VA.
98 Care		WILSON	MIDDLE	Ackson		Er's MAIDEN NA	WIDDLE	Wade	AST
on and c			ARMED FORCES?	226-20-2		Ella Jacks	ADDRES ON 1317 N.	29th St. Va	23223 DXIMATE INTERVAL NONSET AND DEATH
equires that the death certifical signed by the attending phy. Then please remove carbonpo to burial, cremation, or removilury, or other traumatic event	ON	PART I. DEATH WAS CAU: 4310 IMMEDI Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	ATE CAUSE (o) DUE TO, OF (b) DUE TO, OF	RAS A CONSEQUE BNTR RAS A CONSEQUE	NCE OF	RAL	ARRES TRLEED		lio
he low reconstructions been prior sony	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDI	TION FOR WHICH	OPERATION WAS PE	RFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES	
PHYSICIAN: The ending physicio probability of this certificate is the brical-frons in defended Hygins dor them 18 should be sh	MEDICAL CER	216. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFETHER, NOTIFY MEDICAL EXAMINE 21d, INJURY OCCURRED	EATH HOUR A./ IER) P./ 210. PLACE (M. MONTH DA M.	19 211. LOC		RED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 OR PART 2	STATE
t ATTENDING P nospital or otter RECTOR: After it ed for use as the pt. of Health and em 21 is marked	N	WHILE AT WORK 200.1 certify that (I) (this has sow the deceased alive above, (I) (we) Lold) (did 1226. SIGNATURE	pital) attended the	e deceosed from_	1-16		, to	18 =, 1983 ote and hour and from th	n, that (I) (we) lost the couses stated
TO HOSPITAL OR efformed by the hard TO FUNERAL DIR should be detoching with the Store Degramm PORTANT: If the		224 PHYSICIAN'S NAME (TYPE LAKSHMI		1522 ENI 1	M D 120 ADD 121 ADD	ATTENDING PHYSICIAN [RESS Print POSP. D	MEDICAL STAN	General	19-83 Hospital
O & O & S &		URIAL, CREMATION, REMOVA			AME OF CEMETERY	OR CREMATORY	23d. LOCATION RITTOR TOWN	COUNTY	STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)		NERAL DIRECTOR S.A. MORTON	wons.	- 1701 h	AURENS	ST. JAN	e recid, by registrar 1 9 1983		shulf

STATE OF MARYLAND

Item #1 Film G576 2/18/83 rc

(VRA 15, 4)

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16a, WAS DE (YES, NO, O	CEASED EVER IN U.S. A RUNKNOWN) (IF YES, G	ARMED FORCES?	166. SOCIAL SECURIT	9126 Mrs		bara P.	ADDRES Spen		sis	ter.	-231
A OR RI	onditions, if any, whi ove rise to immedic ouse (o) stating the <u>und</u> ying couse last.	ote (b)	R AS A CONSEQUENCE	OF							
ATION, OR R.	ove rise to immedia ouse (o) stating the <u>und</u> ying couse last.	ONS CONTRIBUTING TO OFATIN	R AS A CONSEQUENCE N BUT NOT RÉLATEO TO THE TERM ITION FOR WHICH OPER	MINAL DISEASE OR CONDIT		RT 1 (a)			20 AU	JTOPSY?	
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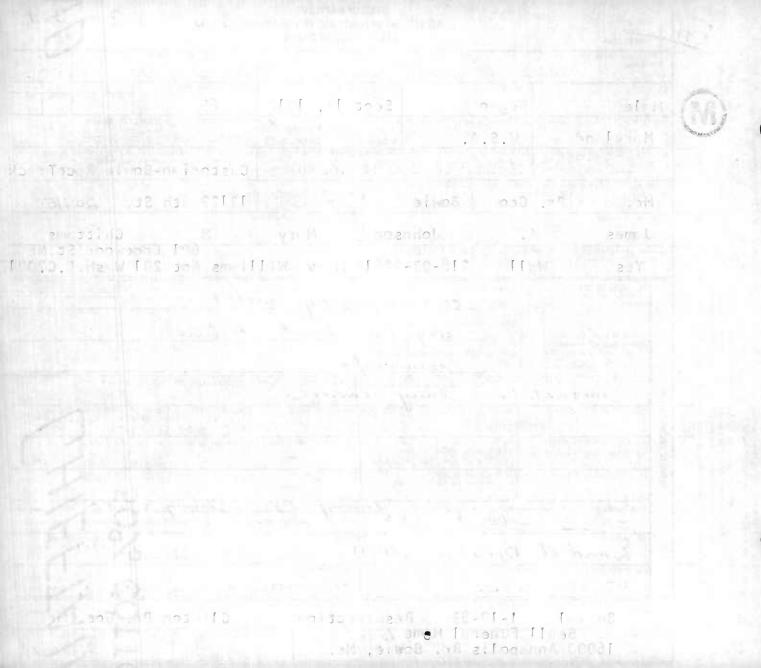
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188 H			Mace		harles		Jeffri		Jr.	DEATH M.	STI-	1		19 83	
9897	Ma. SEX	ale	Black	Feb. 18	YEAR LAST BIRTH	DAY) MON		HOURS		RONOUNCE DEAD	D	MONTH 1	DAY 5	19 8 3	7:30 A
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5	13e S Ma	AL RESIDENCE (TATE Aryland	13b COUN	or other istution of verdale	VE RESIDENCE BEFORE ADMIS	SION)	13d. INSIDE CI	ITY LIMITS?	13e. STRE	et address	h Av	enu	20 e	9737	7
-	14. F/	ATHER'S NAME		MIDDLE	LAST		15. MOTHE	R'S MAIDE		MIDDI				LAST	
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	16a V	VAS DECEASED ES, NO, OR UNKNOV	EVER IN U.S. AR	MED FORCES? WAR OR OATES)	16b. SOCIAL SECUR		17. INFORM				ADDRESS				
l.		no 18 CAUSE OF		nly one couse per line	214-94-	4454	Mrs.	Bar	bara	P. Sace, S	penc	er-		nt-2	
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3	MEG		NOT WHILE [TORY, FARM, ETC.)	57	STREET	th Av	e.,Ri	city or town	e, Pr		UNTY	orge	STATE
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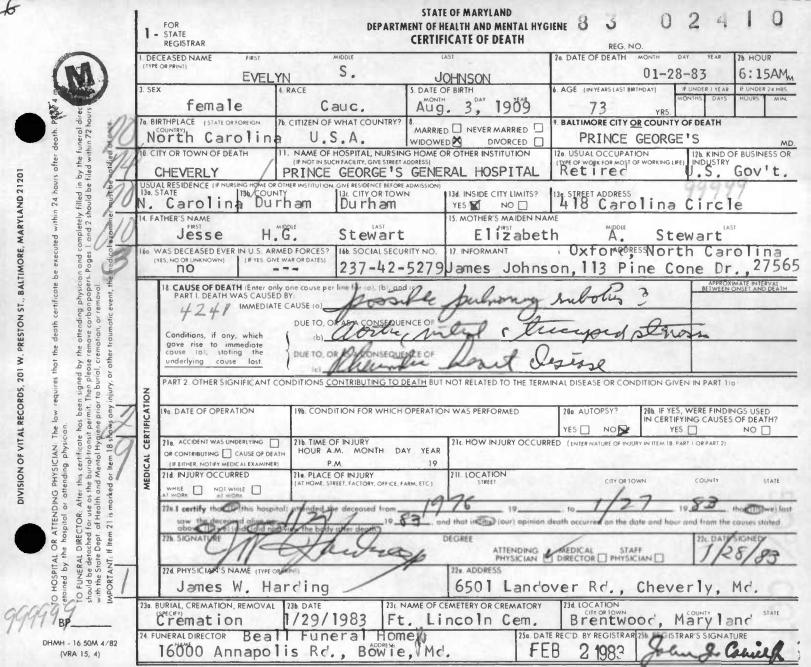
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

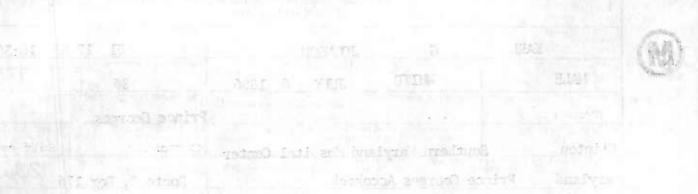
CERTIFICATE OF DEATH

FOR

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(VRA 15, 4)

Anatomy Board



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CHEF MEDICAL EXAMINER ALONG WITH CORM PM. 3. RETAIN PAGE USED AS A BURIAL - TRANSIT PERMIT. PAGES 1 AND 2 SHOULD BE FILED OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 URIAL, CREMATION, OR REMOVAL.		(b) CONTRIBUTING TO GEATH BUT NOT RELATED TO T	per GIV	bleedungiven in Part 1 io	8		
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	EXAMINER'S NAME Said	A. Duce, III.D.	ADDRESS_	JUJE AIII	I apolis i	ve, bracen	Spain
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5130 Wisconsin Ave. Washington D.C.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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(VRA 15, 4)

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FOR

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DHMH - 16 50M 1/81 (VRA 15, 4)

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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220 I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry , and in my apinion death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner , TITLE (SPECIFY) ACTUAL SIGNATURE EXAMINER'S NAME (Augusto P. Rodriguez M.D. Deputy MEDICAL EXAMINER SIGNED ADDRESS Manual Common (TYPE OR PRINT) 236. BURILAL, CREMATION, REMOVAL 23b. DATE 236. NAME OF CEMETERY OR CREMATORY 236. BURILAL, CREMATION, REMOVAL 23b. DATE 236. COUNTY STA	283
EXAMINER'S NAME (Augusto P. Rodriguez, M.D. ADDRESS, M.D.	d.
230. BURIAL CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY COUNTY STATES AND COUNTY S	d.
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PRV. P. DIRECTOR P. T. T. HOUD	J. SEX Male	4. RACE White	5. DATE OF BIRTH MONTH Jan. 22		YEARS IF U		DER 24 HRS. 2c.	DATE NOUNCED DEAD	MONTH	14 19 DAY	YEAR 2d HOUR Mid-
NECESA FUNEFAL 5 FOR Y W PRESTO	Washing	on, D. C.	76. CITIZEN OF WI	A.	WIDO		ORCED	ALTIMORE CIT	- George	Y OF DEA	ounty MD.
AY IS THE PILEC	Clini	on	Southern	SPITAL, NURSING HO ACHITY, GIVE STREET ADDRES Mary land	Hospi		112a USUAL C	DECUPATION (DE WORKING LIFE) ENTER	TYPE OF WORK	Sel	OF BUSINESS IDUSTRY Employe
RETAIN RECORD	Marylar	id 136 F94	or other institution, Gi	e 13 Clinton	ISSION)	13d. INSIDE CITY LIMIT	DIOS M	igan Co	urt	2	20735
ON ST., BALTIMORE, MD. 21201 24 HOURS AFTER DEATH. IF ANY DEL ITEM 18. GIVE PAGES 1, 2, AND 3 TO CONG WITH FORM PM, 3. RETAIN P FERMIT. PAGES 1 AND 2 SHOULD BE GIENE, DIVISION OFWITAL RECORDS, VAL.	14, FATHER'S NA. FIRST Roba 160 WAS DECEA (YES, NO, OR UNK YES	h GED EVER IN U.S. AF	MIDDLE C. RMED FORCES? E WAR OR DATES)	Kirk S 160. SOCIAL SECUI 214-42-4	RITY NO.	Josep 17. INFORMANT Lizabet		ADDRE		Fowler.	
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Hyattsville, Maryland

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23a, BURIAL CREMATION, REMOVAL 23b DATE Jan.14,1983 Burial DHMH - 16 50M 4/B2 F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VRA 15, 4)

FOR 1 - STATE

REGISTRAR

I. DECEASED NAME

Parklawn Cemetery

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE &

CERTIFICATE OF DEATH

LAST

Rockville -Montgomery-Md.

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COUNTY

22c. DATE SIGNED

Jan.12,1983

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David S. Grasite, M.D.

BALTIMORE, MARYLAND 21201

DIVISION OF VITAL RECORDS.

STATE OF MARYLAND

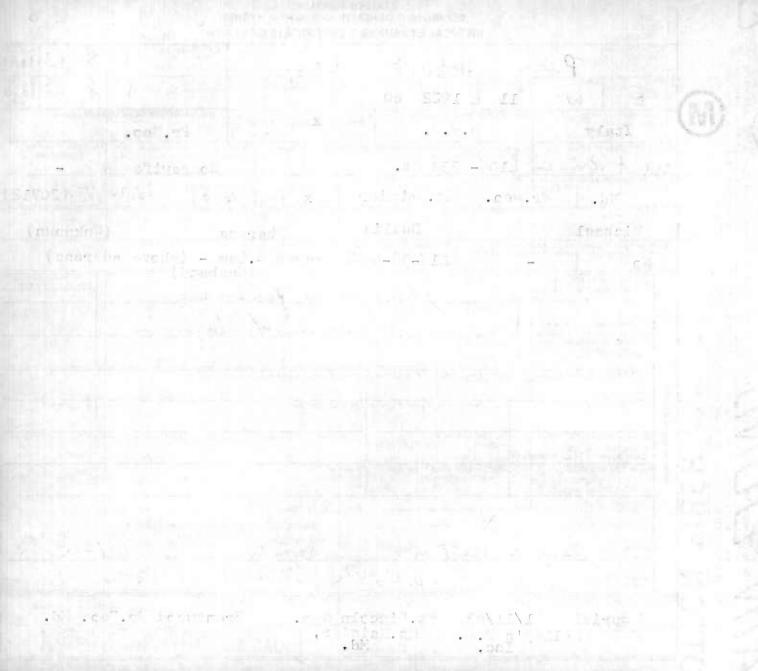
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	30. S1	L RESIDENCE (IF IN N ATE Md.	136 COUNTY		RESIDENCE BEFORE ADMIS 13. CITY OR TOWN Mt. Rain		13d. INSIDE CITY LIM YES X NO	1757 13e STR	REEL ADDRESS		1	St.	(20	712
20		THER'S NAME Michae	1	DDiE	Dull		15. MOTHER'S M FIRST T 17. INFORMANT	heres	MIDI	ADDRESS	(1	Unki	st NOW!	1)
IN, OK KEMOVAL.	00. VYE	AS DECEASED EVE S, NO, OR UNKNOWN) NO	(IF YES, GIVE WAR	OR DATES)	215-38-		James	B.La	m - (above	ad	dre		PATERVAL AND DEATH
	Z	Conditions, if gove rise to couse (a) statinglying couse loss	immediate ng the <u>under</u>	AUSE (o) DUE TO, OR OUE TO, OR	AS A CONSEQUENCE		DR CONDITION GIVEN	EINPART 1 (o).	lay	no				
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	MEDICAL	WHILE OCCUPAT WORK AT WORK	RRED T WHILE		OF INJURY (AT HOME, ORY, FARM, ETC.)		CATION TREET		CITY OR TOWN	7	COU	NTY		STATE
2	230. BU	22a I certify that death resulted fro ACTUAL SIGNATURE EXAMINER'S NAMI (TYPE OR PRINT) PICERY)	SA10 E 5672	a. DA	226. NAME OF C		Homicide TITLE (SPECIF D. D. ADDRESS R CREMATORY	MED ALL STATES	Inquiry [Inquiry Inquir	ner	DATE SIGNED	/ <u>-</u>	F -	F3
1	24 FU	Buria INERAL DIRECTOR		/11/83	Ft.Lir	coln		ATE REC'D. B	entwo Y REGISTRAR	od Pi	rarissi		Md.	,
		NAME	Nalley	Inc.	• 110.1	Md.	,	JAN 1	71983	John	2	Con	ug	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO I. DECEASED NAME 2a. DATE KNOWN TO MONTH 2b HOUR (TYPE OR PRINT) ESTIonald lames DEATH MATED DATE OF BIRTH 6 AGE (IN YEARS | IF UNDER IF UNDER 24 HRS DATE PRONOUNCED 5-30 DEAD TO BIRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY New York U.S.A. WIDOWED DIVORCED Prince George's 3. RETAIN PAGE 5. SHOULD BE FILED, 18. CITY OR TOWN OF DEATH 120 USUAL OCCUPATION (TYPE OF WORK 12b KIND OF BUSINESS Camp Springs Inventory Spec. A.F. Sgts. Ass De STATE COUNTY 13: CITY OR TOWN 134. WEBE CITY LIMITS? 13x STREET ADDRESS DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 Washington. D.C. 35 E Street. N. W. 20001 NO YES X DIVISION OF THAL 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME MIDDLE MIDDLE Langley James Russell 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO Korea-VietNam 062-24-5909 Yes Washington. CAUSE OF DEATH (Enter only one cause per line lor (a), (b), and (c).) ALONG W ALTH AND MENTAL HYGIENE, CREMATION, OR REMOVAL General artempolication Carrier Joseler Just IMMEDIATE CAUSE DUENO, OR AS A CONSEQUENCE OF BURIAL - TRANSIT Canditions, if any, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (m) ED AS A I CERTIFICATION USED AS 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? 8 BUR NO A BE DEPARTMENT PRIOR TO BU 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY VARDED TO THE 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME, 21d. INJURY OCCURRED 211. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE EXECUTE THE CENTIFICATE, WE PAGE 4 SHOULD BE FORWAR TO FUNCER, PAGE AFTER DEATH, WITH THE STATE BALLJIMORE, MARYLAND, 2120 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinion deoth resulted from Homicide Undetermined manner Notural couses TITLE (SPECIFY) Deputy EXAMINER'S NAME 5009 Rayburn Ct., Camp Springs, Md. Augusto 230. BURIAL, CREMATION, REMOVAL 23b. DATE 23d. LOCATION Burial 1/27/83 Arlington National Cem. Arlington Virginia BP BY REGISTRA (156 REGISTRAR'S SIGNATURE 1983 Church Church 24. FUNERAL DIRECTOR 6160 Oxon Hill Rd. Oxon Hill, Md (15 ME (5)) George P. Kalas Funeral Home 20M 4/B2

New York U.S.A. of some of the Coming e Layencory Spec. . . . Sets. Massin tor. 3.C. 3 Street, M. H. 2000l [faget] Yes Forea-Tietham One-Eu-1909 Trene O. London Vincinston, L. C. mainl 1/2/63 Amintton Matterel Dec. minton Fife Oron Hill M. whose P. Fairs Tuneral Home - Croc Hill, Ed.

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FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR								
	1. DECEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR	2b. HOUR			
	Cathe	rine Louise	Lanham	January	1 27 1983	430 M			
	3. SEX	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6 AGE LIN YEARS LAST BIRTH	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.			
	Female	Causas i an	Nov. 21, 1921	61	YRS				
6	70 BIRTHPLACE (S ATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED X NEVER MARRIED	9 BALTIMORE CITY OF	COUNTY OF DEATH				
2	Mary land	USA	WIDOWED DIVORCED	Prince George MD.					
F	10 CITY OR TOWN OF DEATH	JIF NOT IN SUCH FACILITY, GIVE STREET			120 USUAL OCCUPATION (149E OF WORK FOR MOST OF WORKING LIFE) 12b. KIND OF BUSINESS OR INDUSTRY				
	BOW LE	6607 Molly L	ane	housewif	e				
2	Maryland Prine	JNTY 13c. CITY OR TOW	P YES NO YES NO Y	13e STREET ADDRESS 6607 Mo	lly Lane	20715			
^	14 FATHER'S NAME FIRST	_ MIDDLE LAST	15 MOTHER'S MAIDEN NA	ME MIDDLE LAST					
U	Joy Abe		Louise	Woodbu					
	160 WAS DECEASED EVER IN U.S. A	GIVE WAR OR DATES)			6601 Mol1	y Lane			
	no	213-56	213-56-5744 Mary Ellen Gallo Bowie, Md.						
	the heart	Farling							
			DEATH BUT NOT RELATED TO THE TERM						
	V 190 DATE OF OPERATION	The companion consumer	. 0050 1710 11111 6 050500 1150	I an interest of the	an it was was a same				
2	190 DATE OF OPERATION 1-13-8 3 210, ACCIDENT WAS UNDERLYING			YES NOT	20b. IF YES, WERE FINDING IN CERTIFYING CAUSES YES				
7		EATH HOUR A.M. MONTH DA	AY YEAR	RED (ENTER NATURE OF INJURY	IN ITEM 18 PART I OR PART 2)				
	OR CONTRIBUTING CAUSE OF D OF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TON	TY OR TOWN COUNTY STATE				
	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE F	1300, 212)	***		STATE			
	sow the deceased alive a	22a. I certify that (1) (this happital) attended the deceased from November, 1981, to Tanuary 201983, that (1) (we) last saw the deceased alive an January 201983, and that in (my) (and opinion death occurred on the date and hour and from the causes stated above, (1) (ma) (state) (did not) view the bady of the death.							
	22b. SIGNATURE	a. Boetcher	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF		SIGNED			
	David A	Boetcher,	M. D. 14 300 Gal	lant Fox L	ane #118	Bowie, md			

BP.

TO FUNERAL DIRECTOR: After etained by the haspital ar

TO HOSPITAL OR ATTENDING PHYSICIAN: The law

injury, ar ather traumatic event, the

should be detached for use as the burial-transit permit. Then please remove carban pape with the State Dept, of Health and Mental Hygiene prior to burial, cremation, or remaval this certificate has been signed by he hizzial-transit permit. Then please

IMPORTANT: If Item 21 is marked or Item 18 shaws any

DHMH - 16 50M 1/81 (VRA 15, 4)

230 BURIAL CREMATION, REMOVAL Burial 23h DATE Jan

1983 Ft. Lincoln Cem. Brentwood, Maryland FEB 2 1983

Bowie, Maryland FEB 2 1983 Funeral Home



Female Causes a Lov. DJ, 1921 L 61 Land A 20 In TransM ררווונב בנסדמים Source foot holly Lane housewife. Maryland Prince Secree Bowle x 6627 Molly Line 17715 11 scA you لماني عدادا and Julion 1330 213-56-564 new Ellen Gallo Boule, 40. Assert Properties burkeller harly themia single has heart cooks to against much include The second secon the Market of the statement Know I Winter , My Server I have David A. Bernher, M.D. 18 Self Selling + To, Lane " 18 designed Be II FURE OF HOME BODIE, MANUAL FEB 2 383 & Sauge Change.

A	1.	FOR STATE REGISTRAR	DEPA	STATE OF MARYLANI RTMENT OF HEALTH AND MEI CERTIFICATE OF DEA	NTAL HYGIENE	8 5 REG. NO	0 2	4 2 9
(M)	I. DE	CEASED NAME FIRST WOLFO	and white	S. DATE OF BIRTH MONTH DAY NOV. 23 19	6. AGE	TE OF DEATH 4 (IN YEARS LAST BIRTH 75	ADAY JE UNDER 1 Y MONTHS DAY	EAR IF UNDER 24 HRS. AYS HOURS MIN.
by the funeral dir	14	RTHPLACE (STATE OR FOREIGN 76. SOUNTRY) ARYLLAND ITY OR TOWN OF DEATH 11. AUREL	CITIZEN OF WHAT COUNTE U. S. A. NAME OF HOSPITAL, NUR AIF NOT IN SUCH FACILITY. GIVE STE REFATER LAUR	MARRIED NEVER MAI WIDOWED DIVO SING HOME OR OTHER INSTITU (BET ADDRESS)	RRIED DE RCED DE L'ANDRE CONTROL	PRINCE SUAL OCCUPATION		
RE, MARYLAND 212 scuted within 24 hou d completely filled in es 1 and 2 should be col examiner must be	13a. S	AL RESIDENCE (IF NURSING HOMEOR OTISTATE 13b NATY ATHERS NAME PIRST WAS DECEASED EVER IN U.S. ARME	DLE LAUREN	FORE ADMISSION) OWN 13d. INSIDE CITY YES \[\] N 15. MOTHER'S M FIR:	LIMITS? 130. ST	MIDDLE	TENK	E 2070;
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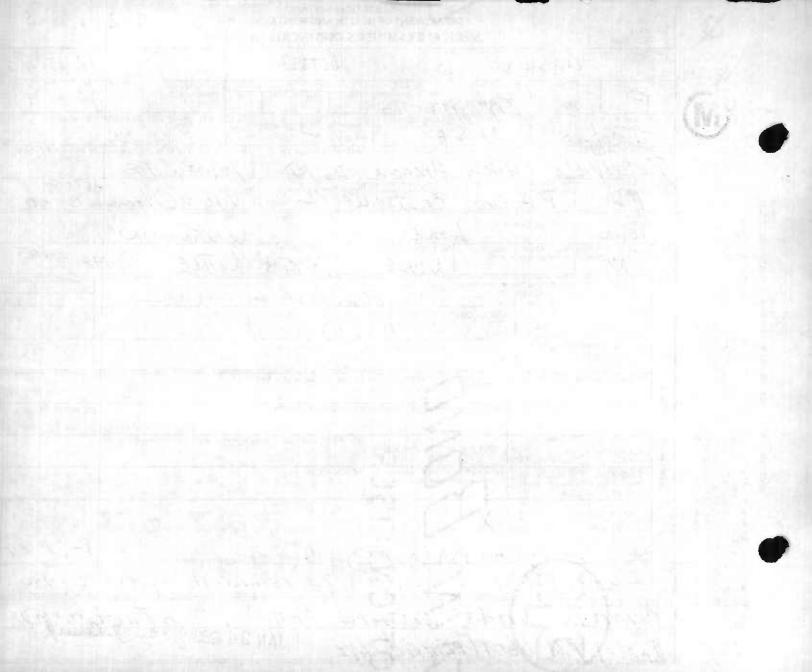
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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A CONTRACTOR OF THE CONTRACTOR			CERTIF	ICATE OF DEATH	REG	NO.		
1 DECEASED NAME FIRST		MIDDLE	4.4	AST	20. DATE OF DEATH		DAY YEAR	2h HOUR
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3. SEX	4 RACE	5	DATE O		6. AGE (IN YEARS LAS	T BIRTHOAY)	IF UNDER I YEAR	IF UNDER 24 HRS
Female	White		Dec.	3, 1906 YEAR	76	YRS	MONTHS DATS	HOURS MIN
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) Washington, D.C.	76 CITIZEN OF	A .	MARRIED	NEVER MARRIED DIVORCED	9. BALTIMORE CIT			.V MD
10. CITY OR TOWN OF DEATH Riverdale	(IF NOT IN SUC		HOME O	ROTHER INSTITUTION	12d USUAL OCCUP (TYPE OF WORK FOR MO Personne	ATION OST OF WORKING	12b. KIND C INDUSTRY U.S.	Gov't.
OSUAL RESIDENCE IN NURSING HOW 130 STATE NA CO	UNTY	13c CITY OR TOWN Riverdale		13d. INSIDE CITY LIMITS?	13e STREET ADDRES	ss Zip (Code - 2	0737
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160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, O	ARMED FORCES? GIVE WAR OR DATES!	216-01-36		Mrs. Corneli			dress Sa # 13e.	me as
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MPORTANT: If Nem 21 is

DHMH-16 50M 1/B1 (VRA 15, 4)

23a BURIAL, CREMATION, REMOVAL Burial

24 FUNERAL DIRECTOR

23c. NAME OF CEMETERY OR CREMATORY Jan. 27,1983 Ft. Lincoln Cemetery

LOCATION CITY OR TOWN Brentwood

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Gasch's Sons F.H. P.A. Hyattsville, Maryland



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(VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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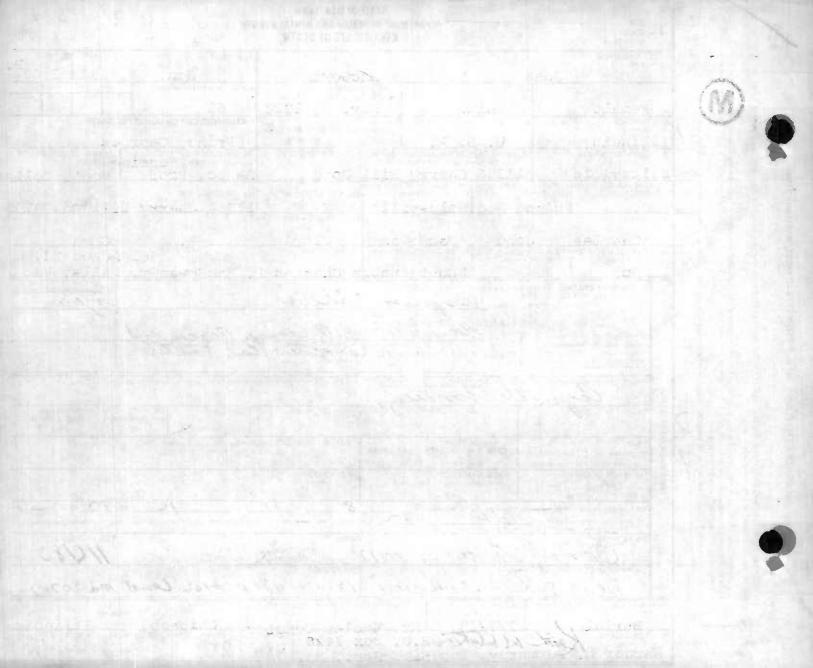
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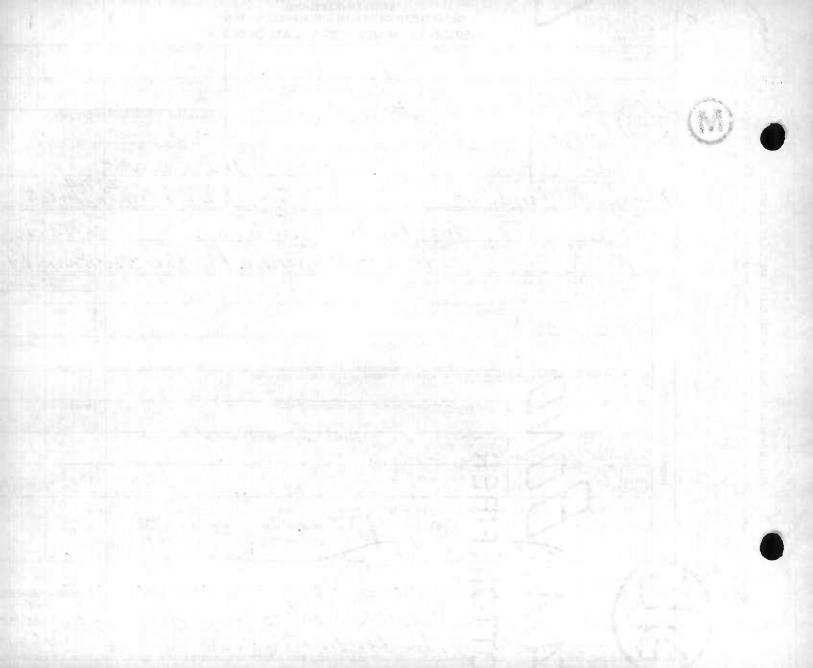
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ST., BALTIMORE, MD. 21201 OURS AFTER DEATH. IF ANY DELAY IS NE OURS AFTER DEATH. IF ANY DELAY IS NE OURS AFTER DEATH. IF ANY DELAY IS NE OUTH FORM PM 3. RETAIN PAGE MIT. PAGES I AND 2 SHOULD BE FILED MIT.	13a S	AL RESIDENCE (IF IN NURSING HOME TATE 13b. COUN Prince		13c CITY OR TOWN		13d. INSIDE CITY LIMITS? YES NO	13e STREET ADD	RESS ennebec	Str	2002/ eet	
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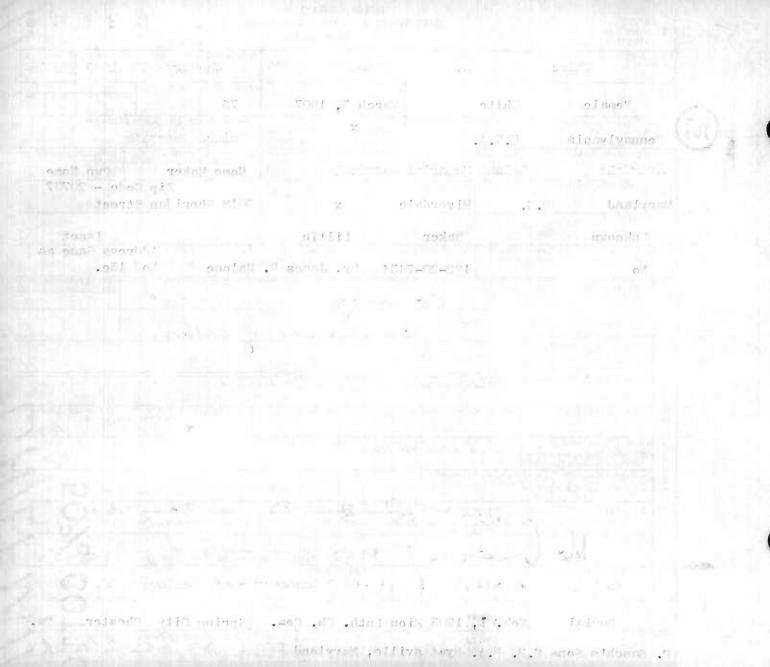
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	1 55	210. EXTERNAL CAUSE WAS	216. TIME OF INJURY	21c. HOW INJUR	Y OCCURRED (ENTER	NATURE OF INJURY IN ITE	M 18 PART 1 OR F		
2		UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH 1:04P.M. 1-9-		t was shot				
•	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HO		Was 31101	•			J
	M.	WHILE AT WORK AT WORK	STREET, FACTORY, FARM, ETC.)	STREET CON	rman St	Lanover H	dille f	Prince G	STATE
			house						Ma.
		22a. I certify that I took charge of	f the remains described above, held	1	Inspection .	Inquiry [],	ond in my c	pinion	, , ,
		death resulted from: Natural o	couses . Accident .	Suffide, Homi	icide Unde	termined manner	١,		
	1	ACTUAL:	1 19	Depl	of Chief		DATE	F	
	+	SIGNATURE	way him	Mo	MED	DICAL EXAMINER	SIGN	VED_1-10-	83
-	1	EXAMINER'S NAME Thoma	s D. Smith, M.D.	ADDRESS_	111 Penn	St., Balt	ro., Ma	d. 21201	
	23a, B	\	DATE 230 HAMEO	F CEMETERY OF CREMAT		OCATION /		AL OYTHUG	TANK!
	1	Burial 1	115/03 (he	ich Ceme	tery h	INNSbo	10	Jouth	Carolina
	14/	DINERAL DIRECTOR	-///ADDRESS A/C	1	250. DATE REC'D. B	Y REGISTRAR 256	REGISTRAR'S	SIGNATURE	1
	10	has. H Sowell t	7H 319 /V. JO	MEDITS	TAN 1	4 1983	our	7 while	*
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A.K. Coffman Funeral Home, Inc., Hagerstown, Md.

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

(VRA 15, 4)

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TYPE OR PRINTS

a BIRTHPLACE

14. FATHER'S NAME

William

CERTIFICATION

MEDICAL

80

or hem

MPORTANT:

(YES, NO OR UNKNOWN)

WASHINGTON

FORESTVILLE

Md

1. SEX

REGISTRAR

FIRST

(STATE OR FOREIGN

22d PHYSICIAN'S NAME (TYPE OF PRINT)

Funeral Home

WILLIAM

13b. COUNTY

Edward

PG

MIDDLE

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO. MIDDLE 20. DATE OF DEATH 26. HOUR 1-30-83 IF UNDER I YEAR White 76 CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Licensing & Inspecting USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION. 20745 13c. CITY OR TOWN 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? Oxon Hill 7508 Abbington Drive 15. MOTHER'S MAIDEN NAME LAST MIDDLE Ratherdale Mastin Lulu A. 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO 17 INFORMANT Same as Above (IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	1577-05-3876 Elizabeth A. Mastin, Wi	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
4100 IMMEDIAT	CAUSE (O) HCUTE COKONAKY THROMOGON	<u> </u>
Conditions, if ony, which	DUE TO, OR AS A CONSEQUENCE OF	
gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
	((c)	VEN IN PART I(a)

90. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [NO [210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER NOTIFY MEDICAL EXAMINER PM 21d INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE 22a I certify that (1) (this hospital) attended the deceased from -30-83

83 sow the deceased alive on and that in (my) (our) opinion death occurred on the date and hour and from the causes stated obove, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE DEGREE 22c. DATE SIGNED

MEDICAL 1-31-83 PHYSICIAN DIRECTOR PHYSICIAN

22e. ADDRESS

Ft. Washington, Md. 9401 Indian Head Hwy William Kent Furst,

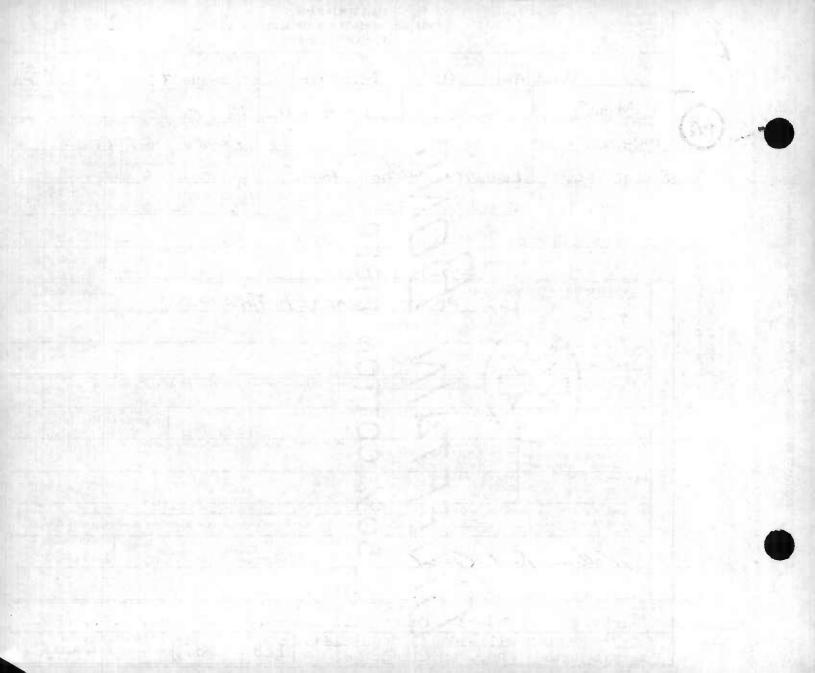
Rd., Suitland, Md.

23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23c. NAME OF CEMETERY OR CREMATORY 236. DATE Burial Suitland, P.G., 2-3-83 Cedar Hill Cemetery

24 FUNERAL DIRECTOR Robt E Wilhelm 4308 Suitland FEB 1983

DHMH-16 30M 2/80 (VRA 15, 4)

BP



		FOR					MARYLAND	LUVCIER	de d		5	2	1	A	
1	11-	STATE REGISTRAR			DEPARTMENT O			4	13	REG.	NO	-			
20.42.5.1		CEASED NAME	CLEUFT			TAT THE			2a DATE	KNOWN		NTH DAY	, Y7°	26. HOU	
		E OR PRINT)	Clil	ton	3	may	hen		OF DEATH	ESTI- MATED		3	1983	12.14	
	3. SEX	Male '	Black	S. DATE OF BIRTH November	11, 1937	YEARS IF UI		DER 24 HRS.	PRONOU DEA	NCED	MON	TH DAY	YEAR 19	26 HOUR 12/4	
19		RTHPLACE (STA- REIGN COUNTRY) Shington		76. CITIZEN OF WE	AT COUNTRY?	1	NEVER MA	RRIED ORCED	9. BALTIP	MORE CIT	Geo:	unty of rge	DEATH	MD	
į	10 CI	Chever	_		PITAL, NURSING HO.			12a US	MAL OCCU	PATION (ent e	emp.	R INDUST	JSINESS	
S CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH # ANY DE RETINION OF VITAL WORLD BY THE DEATH # ANY DE RETINION OF THE WORD "PROBLIN" IN FEM. 18 GIVE PACES 1.2 AND 31 REDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FOR MAN PER SHOULD BE USED AS A BURRAL "IRANSIT PERMIT. PAGES 1 AND 3 HOULD BE USED AS A BURRAL "IRANSIT PERMIT. PAGES 1 AND 3 HOULD BE USED AS A BURRAL "IRANSIT PERMIT. PAGES 1 AND 3 HOULD BE USED AS A BURRAL "IRANSIT PERMIT. PAGES 1 AND 3 HOULD BE USED AS A BURRAL LAND MENTAL HYGIENE, DIVISION OF THE PERMOVAL.		TATE AND TAKE		George	13c. LITY OF TOWN		136. INSIDE CITY LIMITS	23 <u>1</u>	6 Bri	Ess Br	ightsa Seat	Road	2078	ร์รี	
1	14. FA	ATHER'S NAME FIRSWalt	er Matth	MIDDLE News				Lizabe	th Wr	iite			LAST		
	16a. V (Y		EVER IN U.S. ARA		Not state		Walter E	. Whit	e - L	1833	3rd.	Stre	et, l	N.W.	
IRIAL CREMATION, OR REMOVAL	NO	gave rise cause (a) st lying cause		(e)	AS A CONSEQUENC	_	SE OR CONDITION GIVEN IN	N PART 1 (a).							
	CERTIFICATION	19a. DATE OF C	PERATION	19b. CONDIT	TION FOR WHICH OP	ERATION W	VAS PERFORMED?					20	AUTOPSY	?	
	TIFI	21d. EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART								YES 🗌	NO 🗌				
3	CALCE	UNDERLYING		HOUR A.M	MONTH DAY YE	AR ZIE. H	IOW INJURY OCCUI	RRED (ENTER	NATURE OF IP	vjury in item	18 PART 1 C	OR PART 2)			
	MEDICAL	21d INJURY OC WHILE AT WORK			OF INJURY (AT HOME, ORY, FARM, ETC.)		OCATION STREET		CITY OR TO	NWC		COUNTY		STATE	
2		220. I certify death resulted ACTUAL SIGNATURE EXAMINER'S N (TYPE OR PRINT)	fram: Nature	e af the remains desi	cribed abave, held an Accident ,	Autor Suicide	ADDRESS.	Unde	Inquiry termined m	nanner].	ay apinian	, – 2	83	
BALTIMORE, MARYLAND, 2		URIAL, CREMATION BECLEY Buria	N, REMOVAL 2	2/5/1983	23c NAME OF C	emetery o	or CREMATORY ational Co	emetér		ourtl,		Mary		JATE	
7 (5))	24. F	"Ernest	Jarvis	Co., Inc.	1432 You	Stree	et, NW	BE PD B	रहिल्ला (AR 256 RE	<u>তিরাম (</u>	'S SIGNA'	TURE		
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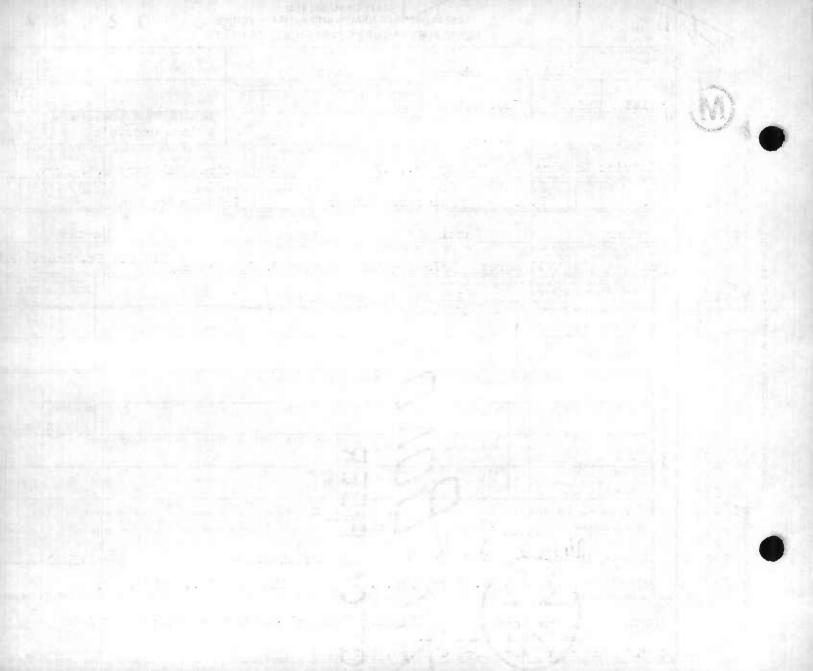
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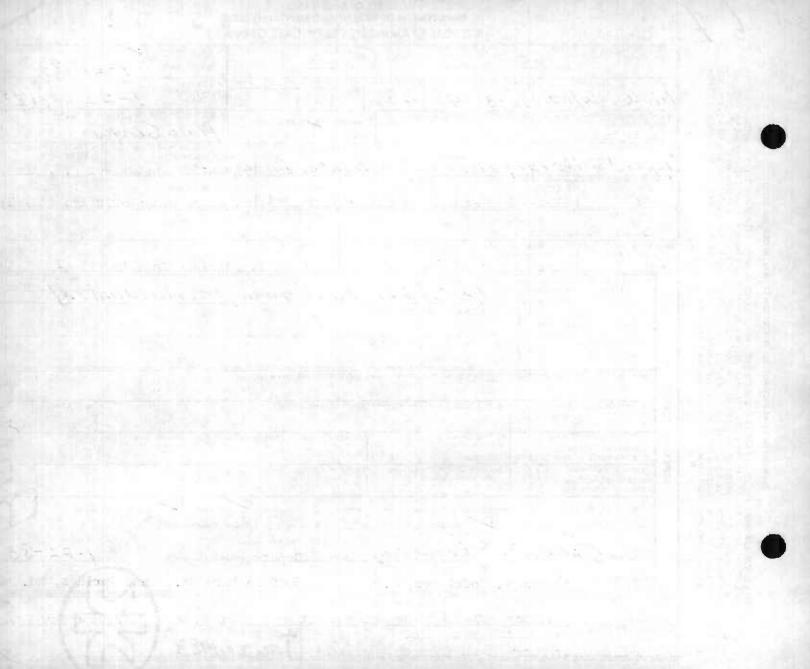
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN TO MONTH 2b. HOUR (TYPE OR PRINT) OF ESTI-RONALD AARON MATTIS WITHIN 72 HOURS PRESTON STREET, 5. DATE OF BIRTH 6. AGE (IN YEARS IF UNDER 1 YR. 2d HOUR 4. RACE IE LINDER 24 HRS DATE FUNERAL DIRECT 5 FOR YOUR FIL PRONOUNCED 10-30-40 9 BALTIMORE CITY OR COUNTY OF DEATH To BIRTHPLACE (STATE OR 7b CITIZEN OF WHAT COUNTRY? MARRIED DEVERMARRIED FOREIGN COUNTRY) Pennsvlvania U.S.A. DIVORCED 126. KIND OF BUSINESS Security Supervisor U.S. Air Force 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 3n STATE Prince George's Upper Marlboroves & Maryland Tam'oshanter Drive (20772) NO [9701 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDOLE William H. Mattis Arlene Feger 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Yes 190-30-2007 Viet_Nam Barbara R. Mattis - Same As #13 A-E 18. CAUSE OF DEATH (Enter only one cause perline for (a), (b), and (c).) IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF anditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 3 (d) CERTIFICATION 19a, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, NO D 210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL PRIOR CONTRIBUTING CAUSE OF DEATH 21e. PLACE OF INJURY LATHOME 21f. LOCATION AT WORK AT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY STATE TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE: PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE STA BALTIMORE, MARYLAND, 2 22a I certify that I taak charge of the remains described above, held an death resulted fram: Natural causes Suicide Hamicide L Undetermined manner TITLE (SPECIFY) Senuty MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. Augusto P. Rodriguez. TYPE OR PRINT ADDRESS 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION 27, 1983 Brookside Cemetery Burial Jefferson New York January Watertown BP 24. FUNERAL DIRECTOR 25g. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Lee Funeral Home, Inc. **DHMH - 17** (VR A15 ME (566 3 Old Alexander Ferry Road, Clinton, Maryland 20M 4/82



		STATE REGISTRAR					CATE OF DEATH	REG.				
1		EASED NAME	FIRST		MIDDLE		AST	20. DATE OF DEATH	MONTH	DAY	YEAR	2b. HOUR
			JOHN		L		C CRACKEN	4.405	01	05	83	5:00AN
3	. SEX	Male		4. RACE Caud	casian	5. DATE O	. 8, DAY 1936	6. AGE (IN YEARS LAST	BIRTHDAY)	MONTH	DER 1 YEAR	HOURS MIN.
57	a. BIR	THPLACE (STATE COUNTRY) Pennsylv,	or FOREIGN	76. CITIZEN OF	WHAT COUNTRY	Y? 8. MARRIEI WIDOWE	NEVER MARRIED DIVORCED	9. BALTIMORE CITY PRINCE	Trough			M
4	0. CIT	Y OR TOWN OF D		(IE NOT IN SUC	H FACILITY, GIVE STRE	ET ADDRESS)	L HOSPITAL	12a. USUAL OCCUPA (Type of work for mos Painter	ATION TOF WORKING	G LIFE) 121	b. KIND O	F BUSINESS OI
7 7	13a, ST	L RESIDENCE (IF NU TATE Ginia	ISTE COUN	OTHER INSTITUTION.	GIVE RESIDENCE BEFO	ORE ADMISSION)	13d. INSIDE CITY LIMITS? YES NO [1335TEEET ADDRES	hue PJ	lace		
1		HER'S NAME		D.	Accr acke	en	15. MOTHER'S MAIDEN NA Genevieve	WE		1	Mille	r
3		AS DECEASED EVE	HE VES GIVE	MED FORCES? E WAR OR DATES) AN CONF.			17 INFORMANT		endria	a. V/	Α.	
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lury, or other to		Canditions, if ar gave rise to i cause (a), sta underlying cou	mmediate iting the use last.	((c)	r as a conseo	DUENCE OF	Sily Cools	INAL DISEASE OR CO	DNDITION C	GIVEN IN	N PART 11c	
ows any injury, ar ather tru		gave rise to i couse (a), sta underlying cou	mmediate iting the use last. GNIFICANT C	(c) CONDITIONS <u>C</u>	R AS A CONSEO	DUENCE OF	Sily Cools	200 AUTOPSY? YES NO	20b. IF) IN CER	YES, WEI	RE FINDIN	
1 1	CERTIFICATION	gave rise to i couse (a), sta underlying cou	mmediate ting the use last. GNIFICANT C RATION UNDERLYING CAUSE OF DEA	196 COND 216. TIME C HOUR A.	R AS A CONSEO DINTRIBUTING TO ITION FOR WHICE OF INJURY	DUENCE OF		20a AUTOPSY? YES NO	20b. IF) IN CER	YES, WEI RTIFYING YES []	RE FINDING CAUSES	OF DEATH?
7	CAL CERTIFICATION	gave rise to i couse (a), sto underlying counderlying counderlying counderlying counderlying. DATE OF OPER SI. 21a. ACCIDENT WAS LOR CONTRIBUTING [IF EITHER, NOTIFY MI] 21d. INJURY OCCU	mmediate titing the use last. GNIFICANT C RATION UNDERLYING CAUSE OF DEA EDICAL EXAMINER	196 CONDITIONS CONDITI	R AS A CONSEO DITRIBUTING TO ITION FOR WHICE DE INJURY M. MONTH	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF Y IN CER	YES, WEI RTIFYING YES THE PART I C	RE FINDING CAUSES	OF DEATH?
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or Rem	MEDICAL CERTIFICATION	gave rise to i couse (a), sto underlying counderlying counderlying counderlying counderlying. DATE OF OPER SI. ACCIDENT WAS COR CONTRIBUTING UP EITHER, NOTIFY M. 21d. INJURY OCCUMPILE NOTIFY M. 21work Notify to saw the december of the counderly c	mmediate titing the use last. GNIFICANT C RATION UNDERLYING CAUSE OF DEA EDICAL EXAMINER WHILE CONTROL OSED THE CON	19b COND 19b COND 19b COND 19b COND 19b COND 21b TIME C HOUR A. 1) 21e PLACE (AT HOME, ST	ONTRIBUTING TO	DUENCE OF O DEATH BUT CH OPERATION DAY YEAR 19 E. FARM, ETC.)	21c. HOW INJURY OCCUR 211 LOCATION STREET 19 and that in my (our) apinion DEGREE	20a AUTOPSY? YES NO RED (ENTER NATURE OF H	20b, IF Y IN CER	YES, WEI TIFYING YES 18 PART I C	RE FINDING CAUSES OR PART 2) COUNTY	STATE
1	MEDICAL CERTIFICATION	gave rise to i couse (a1, sto underlying counderlying counderlying counderlying) PART 2 OTHER SI 19a. DATE OF OPER 21a. ACCIDENT WAS LOR CONTRIBUTING [IF EITHER, NOTEY MI] 21d. INJURY OCCUMHILE NOTEY MI] 22a. I certify that say the dece obove, (1) for some counterly indicated and say the dece obove, (1) for some counterly indicated and say the dece obove, (1) for some counterly indicated and say the dece obove, (1) for some counterly indicated and say the dece obove, (1) for some counterly indicated and say the dece obove, (1) for some counterly indicated and say the dece obove, (1) for some counterly indicated and say the dece obove, (1) for some counterly indicated and say the say that the s	mmediate witing the use lost. GNIFICANT C RATION UNDERLYING CAUSE OF DEA EDICAL EXAMINER WHILE WORK NAME (TYPE O	196 COND 196 COND 196 COND 197 216. TIME C HOUR A. P. 218. PLACE (AT HOME, ST tol) attended th	ONTRIBUTING TO ITION FOR WHICE OF INJURY M. MONTH M. OF INJURY REET, FACTORY, OFFICE ofter death.	DUENCE OF O DEATH BUT CH OPERATIO DAY YEAR 19 E. FARM, ETC.)	211. LOCATION STREET 211 LOCATION STREET ATTENDING PHYSICIAN	20a AUTOPSY? YES NO RED (ENTER NATURE OF III CITY OF MEDICAL SDIRECTOR PHY	20b, IF Y IN CER	YES, WEI TIFYING YES 18 PART I C	RE FINDING CAUSES OR PART 2) COUNTY	STATE



ANGERNAAN 1936 reaming remains 1931 a chur Pi ce x riconxiA VIIIII rality: n ack n V 2V (1 c and it is You Kosmin Conf. Zab ba barb Lula f. McGucken, wiexnords, Va. surial can. 3, 1955 Amorana an. arcans gresilon, Viruinia

Reduck Furnish Luc., Front Royal, VA.

CERTIFICATION

MEDICAL

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MPORTANT: If Item 21 is morked

6	FOR STATE REGISTRAR		DEPARTM	NENT OF HEAD	FMARYLAND .TH AND MENTAL HYO ATE OF DEATH	GIENE 8 3	0	2 4	5 2
n τ	1. DECEASED NAME (TYPE OR PRINT)	FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
abo		Lois	R	Mc DA	NIEL	January 3			2:15p M
	Female	4. RACE	asian	12 DATE OF B	7 DAY 1927	6. AGE (IN YEARS LAST B		ONTHS DAYS	IF UNDER 24 HRS
W	BIRTHPLACE (STATE OR FOR Michigan	76. CITIZEN OF	A .	8. MARRIED E WIDOWED	NEVER MARRIED	9. BALTIMORE CITY Prince			MD
by the liled will have been motified will	10. CITY OR TOWN OF DEATH Lanham		HOSPITAL, NURSIN ICH FACILITY, GIVE STREET	ADDRESS)	THER INSTITUTION Geo. Co.	12a. USUAL OCCUPA (TYPE OF WORK FOR MOST HOUSOW	TION	12b. KIND O	F BUSINESS OR
filled in ould be and b	USUAL RESIDENCE (IF NURSING 130. STATE			ADMISSION)	I INSIDE CITY LIMITS?	13. STREET ADDRESS	Carrol	207	84 Pkwy.
completely filled	14. FATHER'S NAME REST REST ROYMON	MIDDLE	Rih		MOTHER'S MAIDEN NA	ME		(207 McSha	84)
Poges medic	160 WAS DECEASED EVER IN	U.S. ARMED FORCES? (IF YES, GIVE WAR OR DATES)			ames D. Mo	- 1		addre	33)
a physicio on popers. emovol. event, the		(Enter only one couse po S CAUSED BY: AMEDIATE CAUSE (0)_	er line for (a), (b), and	ARCIN	oma .	Esophas	us	BETWEEN	MATE INTERVAL ONSET AND DEATH
rtending we corb ion, or r	Conditions, if ony,		DR AS A CONSEQUE	NCE OF					
se remo cremot cremot	gove rise to imme couse (a), stating underlying couse		OR AS A CONSEQUE	NCE OF					
E 00 5		(c)_							

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? YES | NO T 210. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) P.M 19 21f. LOCATION 21d. INJURY OCCURRED 21¢ PLACE OF INJURY CITY OR TOWN COUNTY STATE (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE Jan. Jan. 30 10 83 22a.1 certify that (1) (this hospital) attended the deceased from 30 83 sow the deceased alive on Jan. 30 above, (I) (we) (did) (did not) view the body after death. and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 226. SIGNATURE DEGREE 22c. DATE SIGNED

22e. ADDRESS

Md .

BP_____

DHMH - 16 50M 4/B2 (VRA 15, 4) 236. BURIAL, CREMATION, REMOVAL 236. Concentration 2.

INGHAM, M.D.

ROGER B.

Inc. ADDRESS Mt.Rainier,

t.Lincoln Crematory Transcont

DIRECTOR -

ATTENDING

PHYSICIAN

s 20784 - 85th Ave., New Carrollton, Maryland

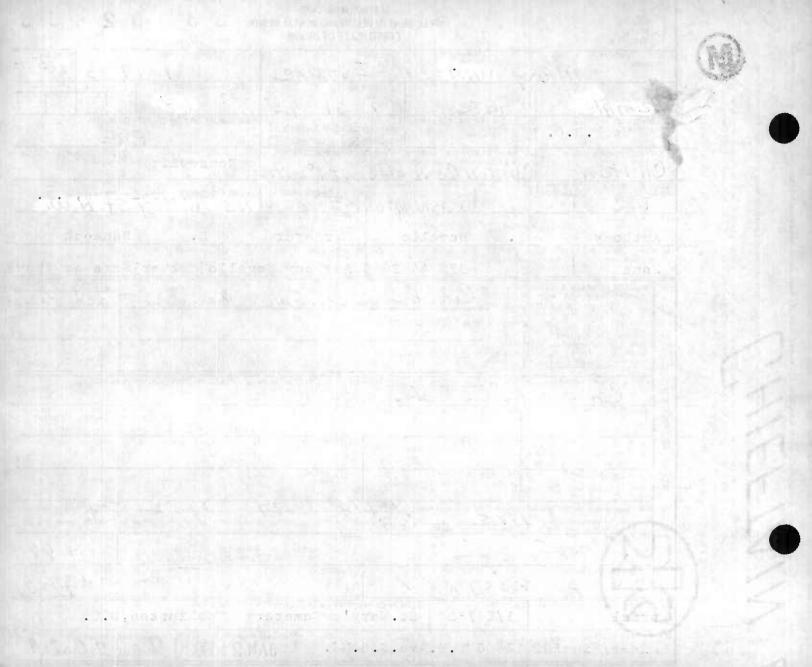
Brentwood Pr. Geo. Md.

TE REC'D. BY REGISTRAR BY REGISTRAR

STAFF

PHYSICIAN [

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Donaldson Funeral Home, Laurel, Md

FEB

1983

DHMH - 16 50M 4/B2

(VRA 15, 4)

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control suggest tone, Laurel, or

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FOR STATE REGISTRAR			DEPARTA		ICATE OF D	MENTAL HYG DEATH	M. C. ST.	. NO.	lia V	
1. DECEASED NAME (TYPE OR PRINT)	Joyce		J.		rritt		January 2		DAY YEAR	1:10A
3. SEX	4	RACE		5. DATE C		46/16	6. AGE (IN YEARS LAS	BIRTHDAY)	MONTHS DAYS	
Female		White		Apr	. 17,	1926	56	YRS.	MOINTING BATS	MIN.
Maryland		J.S.A.	VHAT COUNTRY?	8 MARRIE WIDOWE	D NEVER /	AARRIED	Prince G	County	M	
In city or town of the Laurel		LIE NOT IN SUCH	iospital, nursin fracility, give street i Laurel B	ADDRESS)			120 USUAL OCCUP (TYPE OF WORK FOR MO Housewi	ST OF WORKING		OF BUSINESS OF Y
USUAL RESIDENCE (# N 130. STATE Maryland	13b COUNT P.G	Y	GIVE RESIDENCE BEFORE 13c. CITY OR TOW Laurel		13d. INSIDE C	NO 🔀			ot Ct.	. 20107
14. FATHER'S NAME FIRST Bernard	M	DDLE	Arnol	d	15. MOTHER!	S MAIDEN NA/ FIRST De1	L. MIDDL		Moore	AST P
160 WAS DECEASED EV (YES, NO OR UNKNOWN) NO		WAR OR DATES)	166. SOCIAL SECU 215–20–		Russe			428 F aurel		ade Rd.
	I WAS CAUSED IMMEDIATE ny, which immediate oting the	BY: CAUSE (o) DUE TO, OR (b)	AS A CONSEQUE	HE CE OF	Ar Carc	rcine enou	ma-		BETWEEN	n Onset and Death
PART 2 OTHER SI			TION FOR WHICH				20a AUTOPSY?	20b. IF Y	ES, WERE FIND	INGS USED
E E							YES NO	_	YES [NO [
00.000.000.000.00	CAUSE OF DEAT	HOUR A.A	M. MONTH DA	AY YEAR	14 60		RED (ENTER NATURE OF	INJURY IN ITEM 18	I, PART 1 OR PART 2)	
(IF EITHER NOTIFY M 21d. INJURY OCCU WHILE NOT AT WORK AT	WHILE WORK	(AT HOME STRE	OF INJURY EET, FACTORY, OFFICE, F		211 LOCATE STREET		CITY C	RTOWN	COUNTY	STATE
saw the dece	(1) (this hospite eased alive on e) (bd) (did not)	James 40			nd that in (my)	(our) opinion	death occurred on the	e date and he	our and from the	, that (I) (we) last te causes stated
22b. SIGNATURE	A -	. 1		1	DEGREE	ATTENDING	MEDICAL S	TAFF	22c. DAT	E SIGNED

DHMH - 16 50M 4/B2

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MPORTANT: If he

(VRA 15, 4)

23 BURIAL, CREMATION, REMOVAL (SPECIFY)
Burial 23b. DATE

23c, NAME OF CEMETERY OR CREMATORY crownsville Vet.

22e. ADDRESS

23d LOCATION
CITY OR TOWN
Crownsville

Md.

24 EUNERAL DIRECTOR FLECK FUNERAL HOME 7601 Sandy Spring

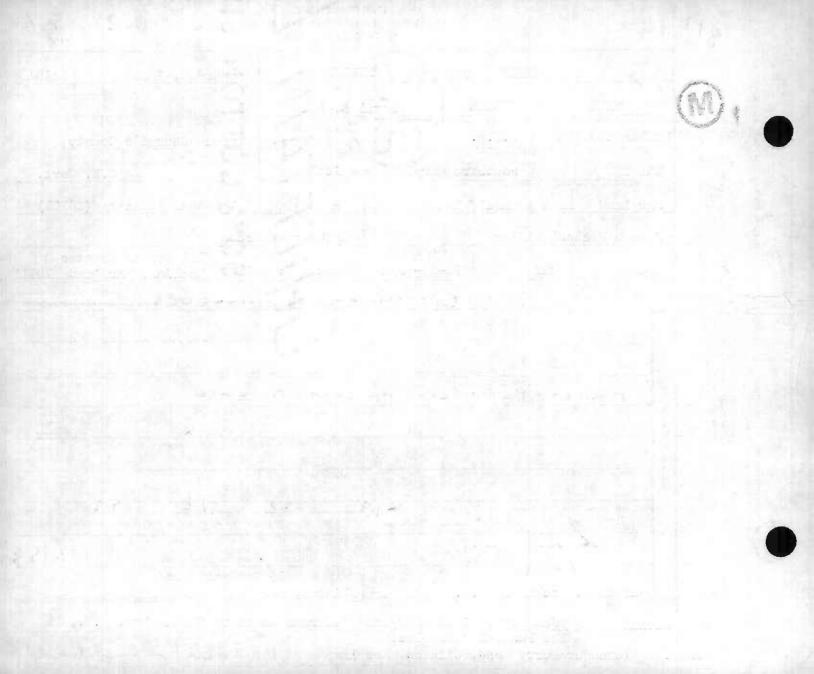
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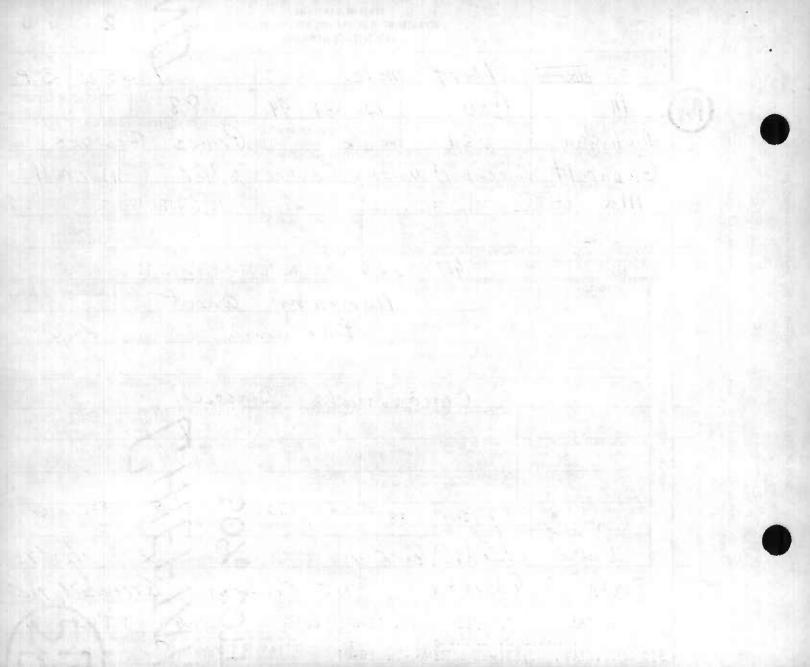
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME O DATE KNOWN TO MONTH (TYPE OR PRINT) ESTI-LAWRENCE MIDDLEKAMP DEATH MATED 5. DATE OF BIRTH 2d HOUR 10:55 A AGE LIN YEARS IF UNDER 1 YR. 3 SEX IF UNDER 24 HRS DATE 20 DAY PRONOUNCED Male White 64 YRS Oct. 1918 1983 ам Za-BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Mary Land IISA Prince George's County WIDOWED DIVORCED IN CITY OF TOWN OF DEATH 12b. KIND OF BUSINESS OR INDUSTRY 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION Retired auto - 3100 Powder Mill Rd. F.C.C. Beltsville Prince Georges Beltsville 20705 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 3621 Pocono Place NO [14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Lawrence Middlekamp Leola M. Frickey 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO. OR UNKNOWN) 214-07-2134 Charlotte R. Middlekamp-wife-same as 13e) 18 CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) USED AS A BURIAL - TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, Carbon monoxide intoxication DUF TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 IG. JER. THIS CO...
CATE, WRITING THE VICE FORWARDED TO THE CHIEF VICE PAGE 3 SHOULD BE USED AS TORE PAGE 3 SHOULD BE USED AS TORE DEPARTMENT OF HEAT OF THE DEPARTMENT OF BURIAL, CO... 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES X 710 EXTERNAL CAUSE WAS 21b. TIME OF INJURY 214. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 23 UNDERLYING X OR HOUR A.M. MONTH DAY YEAR 1983 1-9-Inhaled exhaust fumes from auto. CONTRIBUTING CAUSE OF DEATH 2 e PLACE OF INJURY 211 LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3. AFTER DEATH, WITH THE STATE DEI BALTIMORE, MARYLAND, 21201 P. WHILE NOT WHILE auto 3100 Powder Mill Rd. Beltsville Prince and in my George's Md. 22a. I certify that I too death resulted from Homicide Undetermined monner Deputy Chief SIGNED_1-10-83 SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Thomas D. Smith. M.D. 111 Penn St., Balto., Md. 21201 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE Jan. 13, 1988 Rocky Gap Cemetery Cumberland Maryland Burial 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR REGISTRAR'S SIGNATURE 11800 N.H. Ave., **DHMH - 17** ines/Rinaldi Funeral Home S.S. Md. 20904 (VR A15 ME (5) 20M 4/82

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	١,	FOR - STATE		DEPART		E OF MARYLAND BEALTH AND MENTAL HYG	TIENE 8 3	0	2 4	5 7
	Ι'.	REGISTRAR			CERTII	FICATE OF DEATH	REG. N	10		
	1. DE	CEASED NAME FIRST		WIDDLE		LAST	20. DATE OF DEATH		Y YEAR	2b HOUR
			RNARD	JOSEPH	M	ILLER	January 6.		3:10A M	
١	3. SE	X	4. RACE			OF BIRTH	& AGE (IN YEARS LAST BIT	RTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
)		MALE	WHIT	E	Apri	1 9, 1924	58	HOURS MIN.		
1	/ /	IRTHPLACE (STATE OR FOREIGN		WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY O	FDEATH	
1		shington, DC	U.S.A		WIDOWI	DIVORCED	Prince Ge	eorge's	Count	у, мр.
6	C	LINTON	South	ern Maryl	and H	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST C		INDUSTRY	Govt.
5	13a S		NOTHER INSTITUTION NOTY Arundel	13c. CITY OR TOW	N	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e. STREET ADDRESS 151 Boones	s Estate	es (2	20711)
1	J	oseph Michael M		LAST		Ruth Agnes	Bacon		LAS	
5		VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	151R	Boones	Estat	es
-		Yes WWII		579-20-6	532	Frances V. M	iller Loth	ian. Ma	arvlar	nd 20711
		18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse pe						APPROXI BETWEEN	IMATE INTERVAL ONSET AND DEATH
			TE CAUSE (o)	LAKO	INO	INH OF	PANCRES	42		
		1011	DUE TO, O	R AS A CONSEQUE	ENCE OF					
		Conditions, if any, which gave rise to immediate	(b)							
		couse (o), stating the underlying couse lost.	DUE TO, O	R AS A CONSEQUE	NCE OF					
		PART 2 OTHER SIGNIFICANT	(c)	OLIZIONI TINI CITO	DE 4711 BUT					
	NO	A Sait ES.	PERI	PHERAL	- AR	TERYAL DI	SEASE OR CON	DITION GIVEN	IN PART 116	0
1	ATI	190 DATE OF OPERATION				N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W	VERE FINDIN	NGS USED
4	CERTIFICATION						YES NO	IN CERTIFYIN		OF DEATH?
2	CER	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DA	VE AR	21c. HOW INJURY OCCURR				XX.
han	CAL	OR CONTRIBUTING CAUSE OF DEA	*****		19					
	MEDICAL	21d INJURY OCCURRED	21e PLACE	OF INJURY	ARM EIG	21f LOCATION	CITY OR TO	IWN	COUNTY	STATE
	2	AT WORK AT WORK	(A) NOME SI	CEL FACTORY OFFR.E. F	ARM, ETC }		1 .			37812
		22a I certify that (1) (this hospi		e deceased from	101	1982		, 19.		that (1) (we) last
		saw the deceased alive on above. (I) (way (alid) (did no	timew the body	atter death.	, 01	nd that in (my) (our) opinion o	deoth occurred on the de	ote and hour or	nd from the	couses stated
		77% SIGNATURE	1	1		DEGREE ATTENDING .			22c. DATE	SIGNED
4		/ Y/	10	W.		The second secon	MEDICAL STAI		1	16/83
	0	22d. PHYSICIAN'S NAME THE	e front)			27 ADDRESS 9015	Woodyard Ro	ad		
		Gurbux H. Nach		.D.		Clinton, Mar				
	23a B	SURIAL, CREMATION, REMOVAL	23b. DATE	23c N	NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN		OUNTY	STATE





45	FOR T - STATE REGISTRAR		DEPARTA	STATE OF MARY MENT OF HEALTH ANI CERTIFICATE OF	MENTAL HYGIE	NE 8 3	0 :	2 4	5 9
. 24	I. DECEASED NAME {TYPE OR PRINT}	rancis In	natius	Momon		a. DATE OF DEATH	MONTH DAY		26 HOUR A
4 60	3. SEX	I4. RACE	natius	Moran 5. DATE OF BIRTH	4	Banuary AGE (IN YEARS LAST BI	25, 19		4:20 M
	Male	Cau		oct. 28	1919	63	YRS.		HOURS MIN.
(M)	70. BIRTHPLACE STATE OR FO		WHAT COUNTRY?	8 MARRIED NEVEL		BALTIMORE CITY	OR COUNTY OF		
1 1 1/	Wash. D.C.			WIDOWED	DIVORCED	Prince (MD. BUSINESS OR
s of	Clinton	Southe	rn Mary	land Hosp		Oispatch	OF WORKING LIFE)	INDUSTRY	aundry
AND 212 AND 212 n 24 hour	USUAL RESIDENCE (IF NURSI 130. STATE Maryland	ng how or other institution is County Charles	I GIVE RESIDENCE BEFORE 136. CITY OR TOW Waldor		CITY LIMITS?	30. STREET ADDRESS		2060	1
tompletely ond 2 signature	James	A .	Moran	Alia	R'S MAIDEN NAME FIRST	MIDDLE		Kidwe	211
MORE, or execute execute or ond co.	160 WAS DECEASED EVER		166 SOCIAL SECU			ADDR			
LTIM be of ion o	NO		579-10-	1649 Luc	ille W.	Moran s	same as		ATE INTERVAL
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours or oftending physician. Wher this certificate has been signed by the attending physician and completely filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled in by as the burial-transition or removal. Orked or them 18 shows any injury, or other traumatic event, the medical examiner must be proposed.	Conditions, if ony, gove rise to imm cause (a), stating underlying cause	ediote DUE TO.	ARCINA RECTA			, METAI (LADNIC DA		٤	
RDS, 2C equires n signed Then pla rto buria		TEINASWI	ANACI	NIA ,	ED TO THE TERMIN	IAL DISEASE OR CON	NDITION GIVEN	IN PART 1(0)	
ne low re	190. DATE OF OPERATION TO A STATE OF OPERATION TO A STATE OF OPERATION TO A STATE OF OPERATION AS UND	ION BIL	IARY OF	STRUCTIE		20g AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES T	IG CAUSES C	GS USED OF DEATH?
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DING PHYS or ottendir After this e os the bu olth ond M morked or	(IF EITHER, NOTIFY MEDIC 21d. INJURY OCCURR WHILE NOT WHI AT WORK NOT WHO AT WORK	(AT HOME, ST	OF INJURY REET, FACTORY, OFFICE F	ARM, ETC.) 211 LOCA STRI		CITY OR TO	OWN	COUNTY	STATE
TTEND pitol o pitol o for use of Heo of Heo	sow the decease above, (1) (decease	(alph mpt) view the body	ne deceosed from			oth occurred on the d	date and hour or	nd from the co	
SPITAL OR A J by the ho NERAL DIRE. be detoched e Stote Dept	276. SUGNYATURE	MASI	re	DEGREE	PHYSICIAN	MEDICAL STA	CIAN	1-25-	-83
TO HOSPITAL OR A TO FUNERAL DIREC should be detoched with the Stote Dept.	Dr. S. I	Mishra,		Wale	dorf, Ma	s Profes	ssional 20601	Buil	ding
	230. BURIAL, CREMATION, I			AME OF CEMETERY O		23d. LOCATION CITY OR TOWN		OUNTY	STATE
BP	Buria	1 1-27-	יםון כס	. Nat. Me	m. rark	Laurel	P:	r. Ge	o. Md.

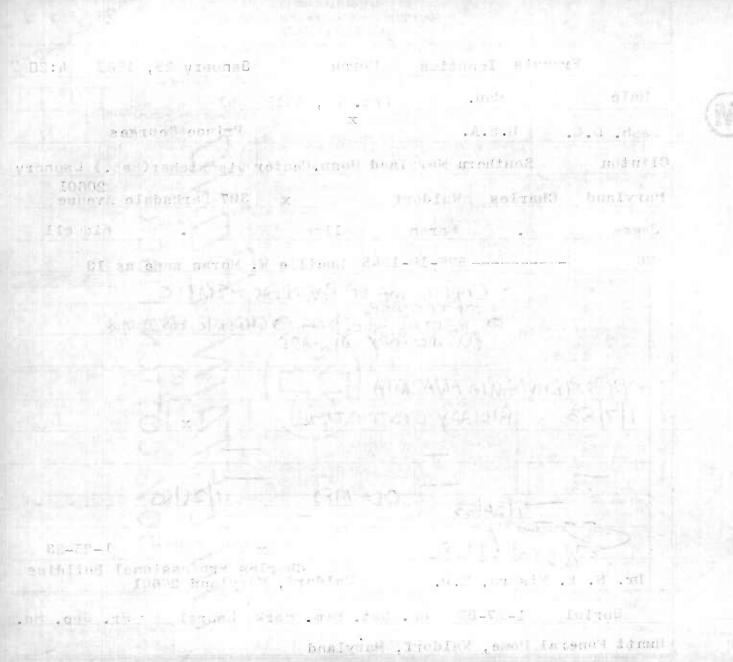
 Burial 1-27-83 Md. Nat. Mem.

14 FUNERAL DIRECTOR

Huntt Funeral Home, Waldorf, Maryland

JAN 271983

TRAR'S SIGNATURE.



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15		1-	FOR STATE			DEPARTMENT OF	HEALTH	AND MENTAL H	YGIENE	5	0 2	64 6	
	-	L	REGISTRAR		ME	DICAL EXAMIN	IER'S C	ERTIFICATE O	F DEATH	REG. N	10.		
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	W	2.05	v	Els		Virginia		owry		H MATED		19	N
	REC. STR. STR.	3. SE		4. RACE	5. DATE OF BIRTH	YEAR LAST BIRTHO		DER 1 YR. IF UNDER	MIN. PRONO	UNCED	MONTH	25 83	2d HOUR
	SSARY RAL DII R YOU HIN 72 ESTON		male	White	Sept.28		RS.		DE	AD		19	M
	CESS NERA NITHINGS	FC	REIGN COUNTRY)		76. CITIZEN OF W	HAT COUNTRY?	MARRI	ED ENEVER MARRI	ED L		OR COUNTY		
		_	est Vir	0	U.S.A.		WIDOW					County	1410
	AY IS NE THE FULLED, AGE 5				(IF NOT IN SUCH FA	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS)			12a. USUAL OCC FOR MOST OF W	ORKING LIFE		OR INDUSTR	RY
	S. S.		NEVERLY			eorge's Gen		Hospital	L.P.N.			Hospita - 20716	
21201	AND	13a. S	TATE	13b. COUN	NTY	Mitchelly	72.	13d. INSIDE CITY LIMITS? YES NO	13e STREET ADD 10600 P	RESS		- 20710	•
MD. 2	I . NSIA	14. F.	ATHER'S NAME		WIDDIE	LAST		15. MOTHER'S MAIDE	NAME	WIDDLE		LAST	
	S S S S S S S S S S S S S S S S S S S	L	ewis		W.	Hardy		Edna		Mae	Jac	ckson	
BALTIMORE,	PAGE FORM S 1 A	16a. \	VAS DECEASE	DEVER IN U.S. AR	RMED FORCES?	16b. SOCIAL SECURIT	Y NO.	17. INFORMANT		ADDRES	S Addres	ss Same	as
UTI	URS AF WITH I PAGE DIVISIO	N)			233-40-95	44	Mr. Georg	e R. Mow	ry	No# 13	Se.	
	~ w _		18. CAUSE C	F DEATH (Enter o	nly one couse per line	e for (o), (b), and (c).)		1 1				APPROXIMATE BETWEEN ONSET	INTERVAL
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RECORDS,	HOULD BE EXECUTED BE WENDING IN CHIEF MEDICAL EN USED AS A BURIN OF HEALTH AND ALL, CREMATION, O	NO	PART 2 DTHER SI	GNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL OISEASE	OR CONDITION GIVEN IN PAR	RT 1 (a).				
LRE	PEN	CERTIFICATION	19a. DATE OF	OPERATION	19b. CONDI	196. CONDITION FOR WHICH OPERATION WAS PERFORMED?							>
DIVISION OF VITAL	WORD "PI WORD "PI HE CHIEF O BE USED SINT OF HE	E			CA Disease							YES 🗌	NO X
9	THE WORD THE CH DO THE CH DOULD BE U TAMENT OF	CER	210 EXTERNA	AL CAUSE WAS	21b TIME OF	F INJURY A. MONTH DAY YEAR	21c. HO	W INJURY OCCURRE	D (ENTER NATURE OF	INJURY IN ITEM 18	PART 1 OR PART 2)	
o o	TIPIC TO TO HOUNE	CAL	CONTRIBUTE	NG CAUSE OF	DEATH P.M	1. 19							
VISI	8: THIS CERTIFICATE SI TE, WRITING THE WOR REWARDED TO THE PAGE 3 SHOULD STATE DEPARTMEN (21201 PRIOR TO BURIA	MEDICAL	21d. INJURY C	CCURRED		OF INJURY (AT HOME,	21f. LOC	CATION	CITY OR 1	TOWN	COUNT	Y	STATE
۵	JATE, THIS CER FORTE WRITING FORWARDED DR. PAGE 3 HE STATE DEP D. 21201 PRIO		AT WORK	NOT WHILE [2 - U	
	ME. T.	3	120		ge of the remains des	scribed obove, held on	Autops	y . Inspection	, Inquir	v 🗍 🐧	nd in my opinio	on	
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	AN WAR		ACTUAL SIGNATURE.	Depr	W II	· THOU	W	b) Dep	MEDICAL EXA	AMINER	SK ANED	Jan.26	,1983
	ORE SEE		EVALUE IEBIC						Annápoli:	s Road			
	A BENEFICIALISM	100	(TYPE OR PRI	NAME Said	A. Dace,	M.D.		ADDRESS Blade	nsburg,	Marylar	nd 2071	0	
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE BALTMORE, MARYLAND, 2	23a.B	URIAL, CREMA	TION, REMOVAL	23b. DATE	234 NAME OF CE	WEJERY OF	CREMATORY Methodist	23d. LOCATION		COUNTY	57.	ATE
	BP		Bu	rial	Jan. 28, 19	83 Church C	emete	ry	Keys F	erry :	Jeffers		Va.
	DHMH - 17		NAME NAME	TOR				25a. DATE R	REC'D. BY REGISTI	. 10/ .	ISTRAR'S SIGI	NATURE	
	(VR A15 ME (5)) 15M 7/77	F	Gasch	's Sons	F.H. P.A.	Hyattsvill	e, Mar	JAI	N 3 1 198	3 000	undel	shelf	



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Jun. 26, 1985

Hardon land, oned and all

Surfal . Jan. 23, 1985 Clurch Conterv Few Grey Jefferson L. Va.

P. Mosch's Soms F.H. F.L. Deptheville, Pryland games & Company of the South

Said A. Boce, M.D.

FOR - STATE

REGISTRAR

I. DECEASED NAME

(TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Electrician Electric 5000 Dalton Street (20031) LAST 190855 Lockwood Drive Francis J. Mulligan Silver Spring, Maryland BETWEEN ONSET AND DEATH 3 Manth PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART T OR PART 2) CITY OF TOWN COUNTY STATE and that in (my) (aur) apinian death accurred an the date and haur and from the couses stated 22c. DATE SIGNED ATTENDING MEDICAL STAFF
PHYSICIAN DIRECTOR PHYSICIAN 23t, NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230. BURIAL CREMATION, REMOVAL January 7, 1983 Maryland Veterans Cem. Cheltenham, Pr. Geo., MD Buria1 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. DHMH - 16 50M 4/82 (VRA 15, 4) 663B Old Alexander Ferry Road, Clinton, Maryland

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO

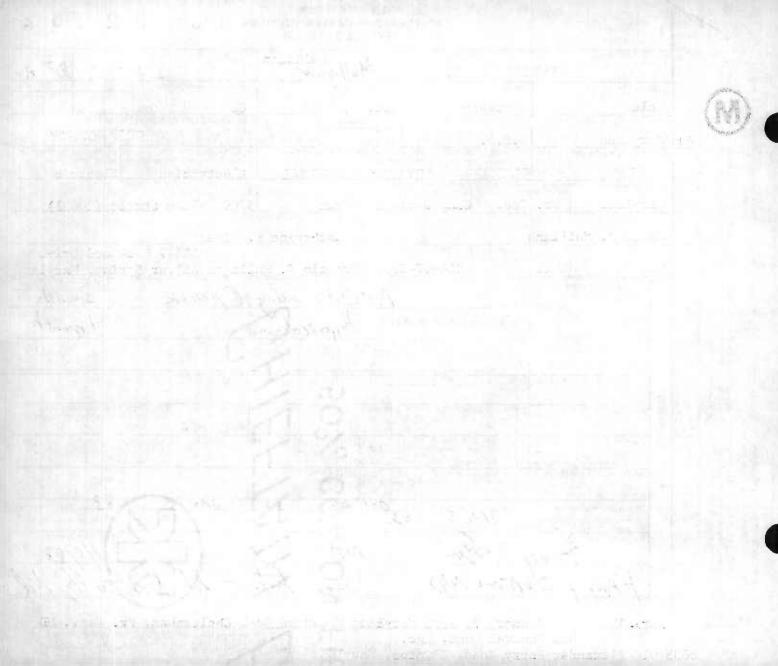
26 HOUR

IF UNDER 24 HRS

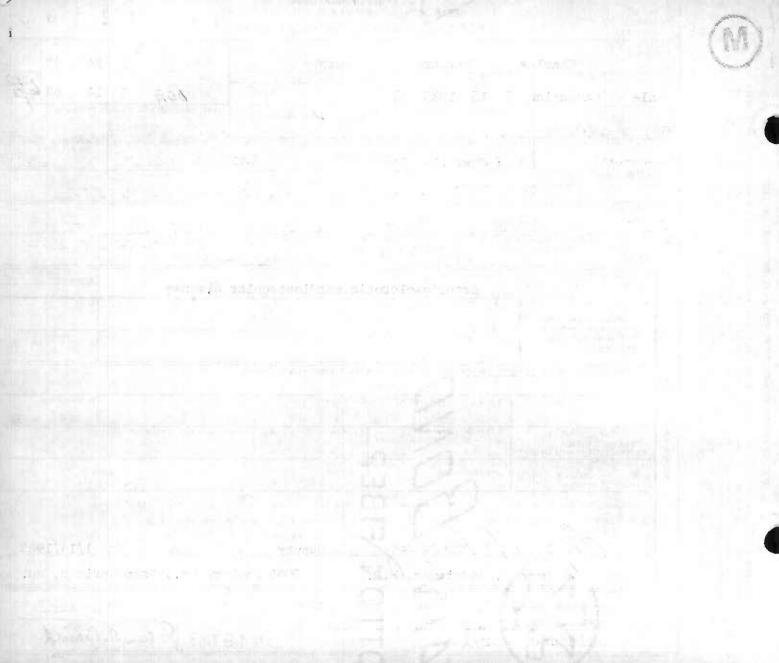
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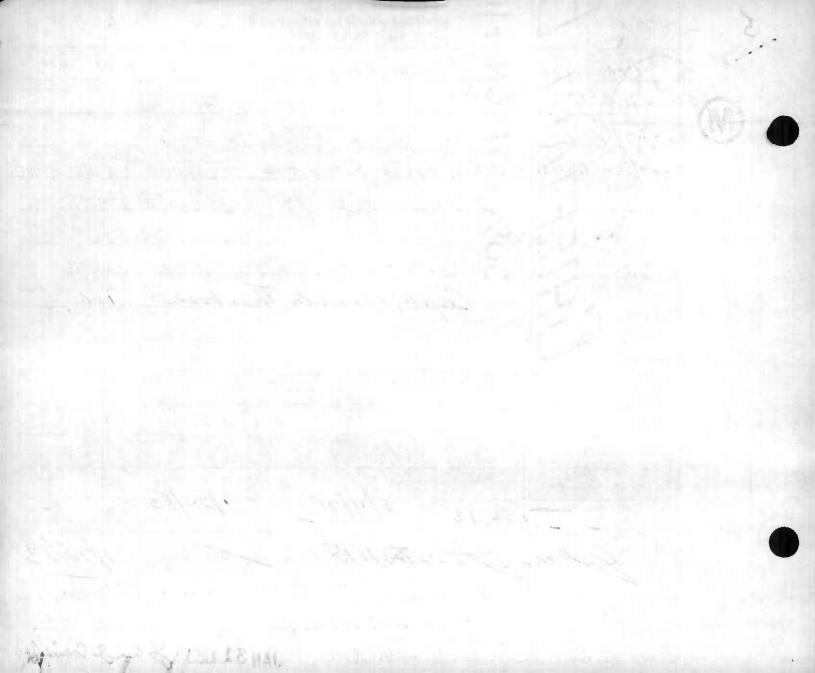
IF UNDER TYEAR

20. DATE OF DEATH



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11.	STATE REGISTRAR		ME	DICAL EXAM	AINER'S	ERTIFICATE O	F DEATH	REG.	NO.	C "3	0 0
	ECEASED NAM	ME FIRST		WIOOFE		LAST	2a. D	ATE KNOWN		OAY	YEAR 2b. HOU
(1	YPE OR PRINT)	Char	les F	Bernard	M	urphy		OF ESTI-		14 19	83
3. 51	X	4. RACE	5. DATE OF BIRTH	6. AGE	IN YEARS IF UN	DER 1 YR. IF UNDER		DATE	MONTH	DAY	YEAR 2d HOU
	Male	Caucasi	an 7 15		YRS.	S OAYS HOURS	MIN. PROM	DEAD A	1	14 19	83 65
7 o.	BIRTHPLACE	STATE OR	76. CITIZEN OF W		I.B.	- The state of the	9 B.4	LTIMORE CIT	Y OR COUN		
/	FOREIGN COUNTRY	COLUMBIA	II C A		WIDOW			INCE GE	ODCEL		
	CITY OR TOWN		U.S.A	SPITAL, NURSING H	OME. OR OTH		12a. USUAL C	CCUPATION (126 KIND	OF BUSINESS
An	drews	AFB	Malcolm (Grow USAF	MED CT	R	DEMOLT'	F WORKING LIFE)	REMAN		DUSTRY
USL	JAL RESIDENC	E (IF IN NURSING HOME	OR OTHER INSTITUTION, G	IVE RESIDENCE BEFORE AD	MISSION)				KLILLEAN	COMS	INOCITO
	SMDE .	13PRIN	ČE GEORGE	S N. FO	RESTVII		1	OVERDAL	E PL	20747	1
IL.	FATHER'S NAM	ΛE	MIDDLE	LAST		15. MOTHER'S MAIDE	ENNAME	MIOOLE		LAST	
100	JAMES		THOMAS	MURPH	_	ETHEL		VIVIAN			VELL
160	WAS DECEAS	ED EVER IN U.S. AR	MED FORCES?	16b. SOCIAL SEC 1578 28	3278	17. INFORMANT	1	UPPERM	ARLBOI	RO MD	20772
	МО			13/0 20	32/0	RITA K WII	LIAMS	11209 P	ARRMON	NT DR	
			nly one cause per line							APPRO BETWEEN	XIMATE INTERVAL
	PARTIC	DEATH WAS CAUSE	TE CAUSE (a) A1	rterioscle	erotic	cardiovasc	ular di	sease			-
	1-40	24.7	DUE TO, OR	AS A CONSEQUEN	NCE OF		eca 4			-	
		ans, if any, which									
	couse (a) stating the <u>under</u>		AS A CONSEQUEN	ICE OF						
1	lying co	ause last.	(c)		AND THE	SI-COLD TO					
	PART 2 OTHER	SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE	TERMINAL DISEAS	OR CONDITION GIVEN IN PA	IRT 1 (a).				
NO	1008										
Y	190. DATE C	OF OPERATION	196 CONDI	TION FOR WHICH	OPERATION W	AS PERFORMED?				20 AUTO	OPSY?
CERTIFICATION										YES	□ NO X
20	210 EXTERM	VAL CAUSE WAS	21b. TIME O	FINJURY A. MONTH DAY		OW INJURY OCCURRE	ED (ENTER NATURE	OF INJURY IN ITEM	18 PART I OR P	ART 2)	
		IG OR TING CAUSE OF									
MEDICAL	21d INJURY	OCCURRED	21e PLACE	OF INJURY (AT HO	ME, 21f LO	CATION		00.70		0.0.194	STATE
X	WHILE AT WORK	NOT WHILE	STREET, FAC	TORY, FARM, ETC.)		TREET	CITY	OR TOWN	CC	YIMUC	STATE
			1.1	2 4 1	277		In K or	quiry X	1.		
			ge of the remains de						and in my a	pinian	
	death resu	ilted from: Natu	urol causes 🔼,	Accident,	Suicide	, Homicide L.	Undetermin	ed monner	١,		
	ACTUAL	Nece	A XIS	Умерен	/	TITLE (SPECIFY)			DATE	7/7	4/1983
1	SIGNATUR	E Program	W. Link	- any	M	D. Deputy	MEDICAL	EXAMINER	SIGN	ED 1/1,	4/ 1303
-	EXAMINER'	S NAME AUGU	sto P. Ro	driguez, G	d.D.	ADDRESS 5009	Rayburr			pring	s, Md.
23a.	BURIAL, CREM (SPECIFY) Bu	ation, REMOVAL Irial	18Jan198	33 Cedar	F CEMETERY C	Cemetery	23d LOCAT	itland	cgi	Maryl	an'd
24	FUNERAL DIRE	Robert	E Wilhe.	m Funer	al Hor	ne 250. DATE	REC'D. BY REG	ISTRAR 2007RE			
	NAME	Suitlan	ACCREC	Land		JAI	N 1 9 19	83 /0	and	. Calu	ug
						1 0/1	11 2 10	0			





FOR

REGISTRAR

- STATE

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH REG. NO LAST 2a. DATE OF DEATH 2h HOUR **MYERS** 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR HOURS July 27, 1914 68 **BALTIMORE CITY OR COUNTY OF DEATH** MARRIEDXX NEVER MARRIED DIVORCED PRINCE GEORGES COUNTY 11. NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Bank Teller Banking 20657 13e. STREET ADDRESS 13d. INSIDE CITY LIMITS? 326 Poplar Drive, Box 149-S YES X NOF 15. MOTHER'S MAIDEN NAME MIDDLE Rachel Winter ADDRESS 17 INFORMANT Donald E. Myers - Same As #13 A-E APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 30 humber indivinus data 20b. IF YES, WERE FINDINGS USED CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 21f. LOCATION CITY OR TOWN January nd that (my (our) opinion death occurred on the date and hour and from the causes stated DEGREE 22c. DATE SIGNED ATTENDING -10-83 PHYSICIAN . DIRECTOR T PHYSICIAN 23c NAME OF CEMETERY OR CREMATORY January 13, 1983 Cedar Hill Cemetery Suitland, Pr. Geo., Maryland 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 25a. DATE RECID. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

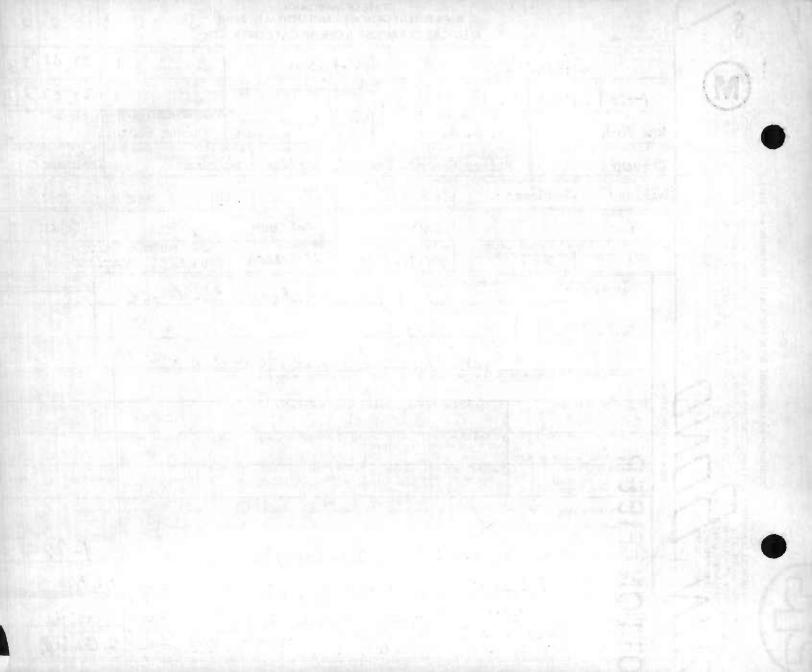
BP. DHMH - 16 50M 4/82 (VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland

Burial

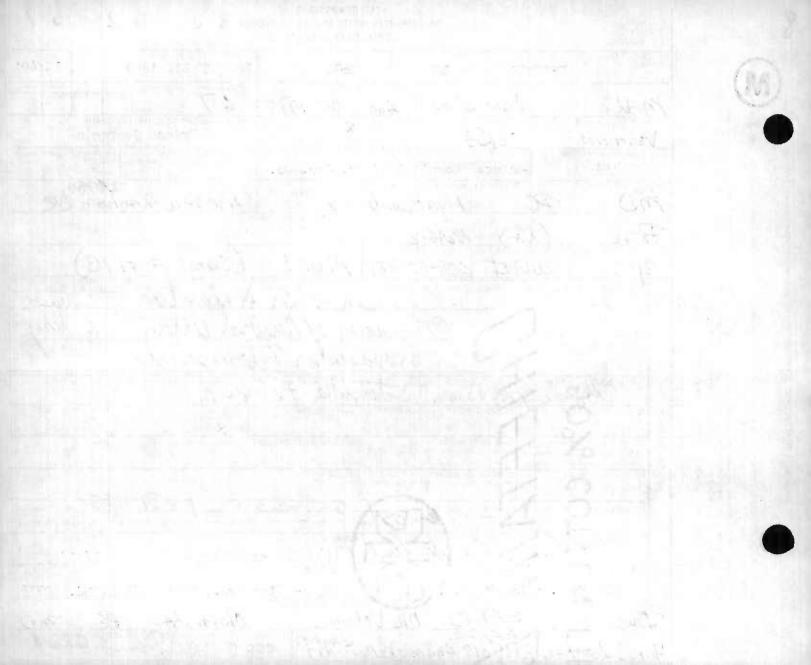
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2		FOR		EDADT			ANDAE	D NTAL HYGIE	ME	0 0	4	6
0	1-	STATE REGISTRAR						ATE OF DE	UU	1) 4 NO.	-1 0	0
	1. DE	CEASED NAME FIRST CHAR	CLES	MIDDLE	-18	NA	SSA	- U	20 DATE KNOWN OF ESTI- DEATH MATED	MONTH	29 8	3 3.2
(M)	3 SEX	Mule White		1898	6. AGE (IN YEA LAST BIRTHDA' 8 4YR	MONTH	DER TYR. II	FUNDER 24 HR	S. 2t. DATE PRONOUNCED DEAD	MONTH	29 8	3 3 2
WITHIN WITHIN	70 BI	RTHPLACE (STATE OR REIGN COUNTRY) PW YORK	76 CITIZEN OF WH		TRY?	9		ER MARRIED C	D.	-		MD
PAGE PAGE PAGE S. 201 V	Cl	TY OR TOWN OF DEATH	11. NAME OF HOSI (IF NOT IN SUCH FACE) Prince	George S	ges Gen	eral	ER INSTITUTION	tal S	JSUAL OCCUPATION OF MOST OF WORKING LIFE)		126 KIND OF OR INDU I VIS WAY	STRY
AND 3 AND 3 RETAIN HOULD RECORE	Mas	LE RESIDENCE (IF IN NURSING HOME O TATE Yeard Montgo	ROTHER INSTITUTION, GIV IY IMETY		DEFORE ADMISSION OR TOWN	N)	T3d. INSIDE CITY YES	LIMITS? 13e. S	treet address 521 East W	est Hw	200 y., #3	11
OF AND 2		Samuel	MIDDLE		S au		Ger	trude	MIDDLE		Coh	2n
SIVE PA	16a. V (Y	VAS DECEASED EVER IN U.S. ARA	AED FORCES?		-10-498		Emil N		5608 Dand Oxon Hill			
D WITHIN 24 HOUJ PENCIL IN ITEM 18 MAINER ALONG 18 TRANSIT PERMIT. ENTAL HYGIENE, D.		18 CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED IMMEDIAT Conditions, if ony, which gave rise to immediate couse (o) storting the under- lying couse lost.	E CAUSE (a) DUE TO, OR (b)	Oh AS A CON	JSEOUENCE CO	rus, F	pina	10	faile	11	BETWEEN ON	ATE INTERVAL USET AND DEATH
FENDING" IN FENDING" IN FENDING" IN FENDING" IN FENDING FENDIN	ATION	PART 2 OTHER SIGNIFICANT CONDITIONS OF			TO TO THE TERM)	OR CONDITION C	GIVEN IN PART 1 (o).	-d tx L	·Hij	20 AUTOP:	SY?
THE WORD O THE CHIE OULD BE US RTMENT OF OR TO BURIA	NI CERTIFICATION	210 EXTERNAL CAUSE WAS UNDERLYING OR	21b. TIME OF HOUR A.M.		DAY YEAR	21c. HC	OW INJURY C	OCCURRED LENT	ER NATURE OF INJURY IN ITEM	A 18 PART 1 OR PAS	YES [NO []
WRITING T ARDED TO AGE 3 SHO ATE DEPAR 1201 PRIOR	MEDICAL	CONTRIBUTING CAUSE OF E	21e PLACE C STREET, FACTO				CATION		CITY OR TOWN	cou	UNTY	STATE
LE 4 SHOULD BE FORW. E 4 SHOULD BE FORW. E 7 SHOULD BE FORW. E 8 DEATH, WITH THE ST. FIMORE, MARYLAND, 2		22a. I certify that I took charge death resulted from: Nature ACTUAL SIGNATURE		Accident		Autops		Inspection	Inquiry ,	ond in my ap , DATE SIGNE	1-2	9-83
TO MEDIC EXECUTE TI PAGE 4 SH TO FUNER AFTER DEA BALTIMOR	0	EXAMINER'S NAME 56	32 an	rha	poli	2/	Rockess-	Bla	elenston	7 2	07/0	
BP 575	(5		1/31/1983	Kin	g David	d Men	norial	Garden	Falls Chu	urch, V	irgini Ignature	STATE
DHMH - 17 (VR A15 ME (5))	2.	INERAL DIRECTOR Donali 32 Carroll Stree	et, N. W.	Was	hington	i, D.	C.	FEB 8	1983	and	Conice	2



(VRA 15, 4)



	STATE OF MARYLAND	65 12	0	2	22.3	6
1 - STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE	0 0	O	lines		•
REGISTRAR	CERTIFICATE OF DEATH	RFO	G. NO.			

REGISTRAR			CERTIF	ICATE OF DEA	TH	REG. NO).			
1. DECE ASED NAME	FIRST	MIDDLE	L	AST	Mulli		MONTH	DAY YE	AR 2b	HOUR
(TYPE OR PRINT)	VIVIAN	E.		NEFF	100		1	21 8	33	5:15/
3. SEX	4. RACE		5 DATE C			6. AGE (IN YEARS LAST BIRT	HDAY)	MONTHS [UNDER 24 H
Female	White	9	Aug		911	71	YRS.	MONTHS	JAYS H	OURS M
To. BIRTHPLACE (STATE)	OR FOREIGN 76 CITIZEN	OF WHAT COUNTR	Y? B	NEVER MAR	PIED 🗆	9 BALTIMORE CITY O	COUNT	TY OF DEAT	Н	
Virginia	USZ	A	WIDOWE			PRINCE GE	ORGE	COUNT	TY	
10. CITY OR TOWN OF E		OF HOSPITAL, NURS		R OTHER INSTITU	TION	12a USUAL OCCUPATION TYPE OF WORK FOR MOST OF				USINESS
CHEVERLY	PRIN	GE GEORGE	GENER	AL HOSPI	TAL	Photo Lit				D.C.
130 STATE	JRSING HOME OR OTHER INSTITUT	ON GIVE RESIDENCE BEF		13d. INSIDE CITY	LIMITS?	13e STREET ADDRESS		20	074	3
Maryland	Pr. Geo	Capito			0 🗆	6514 Rol	line			
14 FATHER'S NAME	WIDDLE	LAST		15. MOTHER'S M		ME			LAST	
Leroy	Jacob	Levee	2		tie	May			Lyn	n
160 WAS DECEASED EV	R IN U.S. ARMED FORCES			17. INFORMANT		ADDRE	SS			
NO		577 2	0 7033	Alice	L. D	eMar	SAme	as		
18 CAUSE OF DE	ATH (Enter only one couse	per line for (a), (b),	and (c).)			The second		BETY	PROXIMA WEEN ONS	TE INTERVAL
	GNIFICANT CONDITIONS									
190. DATE OF OPE	RATION 196 CO	NDITION FOR WHI	CH OPERATIO	N WAS PERFORM	ED	200 AUTOPSY?	IN CERT	ES, WERE F FIFYING CA YES []	USES OF	
OR CONTRIBUTION	CAUSE OF DEATH HOUR	E OF INJURY A.M. MONTH P.M.	DAY YEAR	21c. HOW INJUR	RY OCCURR	PED (ENTER NATURE OF INJUR	Y IN ITEM 18	B PART I OR PAI	RT 2)	
(IF EITHER, NOTIFY M		CE OF INJURY STREET, FACTORY, OFFICE	E, FARM, ETC }	211 LOCATION STREET		CITY OR TO	WN	COUN	TY	STATE
AT WORK AT	WORK		- , ,	120	(7)	(12)		83		
saw the dece	(1) this hospital attended	19	62) opinion d	death accurred on the da	te ond ho	our and fram		it (li (we)) uses stated
17% SIGNATURE	R be	ey	w		NDING E	MEDICAL STAF			ATE SIC	2/8
	NAME (TYPE OR PRINT)	J		6525	BEL	CN GJ- PHYSIC	H-V	3175 V	ui	m
	N. REMOVAL 236. DATE		NAME OF C	EMETERY OR CRE	MATORY	123d LOCATION				
(SPECIFY)			IL NAME OF C	EMETERI OR CRE	MATORT	CITY OR TOWN		COUNTY	~	STATE

DHMH - 16 50M 4/82

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law etained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion ond campletely filled in by the should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be tilled with the State Dept. of Health and Mental Hygene prior to buriol, cremotion, or removal.

(VRA 15, 4)

Burial | Z400112.

24 FUNERAL DIRECTOR | ADDRESS Suitland, Md | Funeral HOme Inc Washington, D.C.

1250 DATE REC'D BY REGISTRANGE STOLATURE

JAN 26 1983

The same and the s THE REPORT OF THE PARTY OF THE

1.	STATE REGISTRAR			DEFARIT	CERTIF	ICATE OF DEATH		G. NO.		
	CEASED NAME	FIR51		MIDDLE	ı	LAST	20. DATE OF DEAT	н момтн	DAY YEAR	26 HOUR
(III)	ORPRINTI	MARY		L.	N	ELSON		01-	07-83	7:40AM
3. SE:	x		4 RACE		5. DATE C		6 AGE (IN YEARS LA	ST BIRTHDAY)	IF UNDER 1 YEAR	
	Female		White		Apri	1 17,1929	53	YRS	MONTHS DAYS	HOURS MIN.
	RTHPLACE (STATE (OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9. BALTIMORE CIT	Y OR COUN	ITY OF DEATH	
	rginia		U.S	.A.	WIDOWE	70.10	PRINCE	E GEOR	GE'S	MD.
10 CI	TY OR TOWN OF D			H FACILITY, GIVE STREET	ADDRESS)	OR OTHER INSTITUTION	TYPE OF WORK FOR M. Cab dr		(LIFE) 126. KIND INDUSTRY Cab	CO.
	AL RESIDENCE (# N		ROTHER INSTITUTION	GIVE RESIDENCE BEFORE	ADMISSION)	1134 INSIDE CITY LIMITS?	13e. STREET ADDRE	cc		
	larvland			Laure		YES NO X	8801 H	untin	g La.	20708
14. FA	THER'S NAME					15 MOTHER'S MAIDEN NA	AME			
	Joseph		D.	Dodso	n	Mary	B.	LE	Fr	azier
	VAS DECEASED EV	ER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17_INFORMANT	Al	DDRESS		
	(ES, NO OR UNKNOWN)	(IF YES, GI	VE WAR OR DATES)	229-34	-6466	Vickie L.	Beall	same	as #13	
	18 CAUSE OF DE	ATH (Enter o	nly one couse per	line for (a), (b), an	d (c).)				BETWEEN	XIMATE INTERVAL
	PART I. DEATH	WAS CAUSE	ED BY: TE CAUSE (0)	LEI	0/40	SARCOMA C	METS.		- 1	
	1719	•		R AS A CONSEQUE						
	Canditions, if a	ny, which	((b)_	K AG A CONSEGRO	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				17.5	
	gove rise to i	immediate		R AS A CONSEQUE	NCE OF					
	underlying cos	use lost.	(c)							
-						NOT RELATED TO THE TERM				
ē	MYPER	CALC				TO BOTHURE	-		*	
CERTIFICATION	190 DATE OF OPE	RATION	196 COND	TION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?		YES, WERE FIND	
E E							YES NO		YES 🗌	NO 🗌
	210. ACCIDENT WAS		110110 4	F INJURY M. MONTH DA	AY YEAR	21c. HOW INJURY OCCUR	RRED (ENTER NATURE OF	INJURY IN ITEM	8 PART I OR PART 2)	
N S	(IF EITHER, NOTIFY M	EDICAL EXAMINE	R) P.		19					
MEDICAL	21d. INJURY OCCI		21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC	21f LOCATION STREET	CITY	OR TOWN	COUNTY	STATE
1	AT WORK AT	WHILE				1,00				
	22a. I certify that		1	e deceased from_	03.0	19		/-	19 <u>3</u>	that (I) (we) lost
		osed olive or	st) view the body	ofter death.	177	nd that in (my) (aur) apinion	death accurred on t	he date and h	- 1	
	22b. SIGNATURE	Tel	esson	in		ATTENDING PHYSICIAN [MEDICAL DIRECTOR PH	STAFF YSICIAN	22c. DAT	7/83
	22d. PHYSICIAN'S	ESW	ARAN	no	Pa	220 ADDRESS Cherry	erly Mc	120	785	
	BURIAL, CREMATIO		/ -	23 с. 1	NAME OF C	EMETERY OR CREMATORY	23d LOCATION	IN.	LODNIY	STATE
	SPECIFY) Cren	nation	1/8/	83 Fo	rt L	incoln Crem	natory Bi	entwo	ood, P.G	. CO.Mc

DHMH - 16 50M 4/82 (VRA 15, 4)

shauld be detoched far use as the buriol-transit permit. Then please remove c with the State Dept. af Health and Mental Hygiene prior ta burial, cremation,

IMPORTANT: If Hem 21 is morked ar Hem 18 shaws any

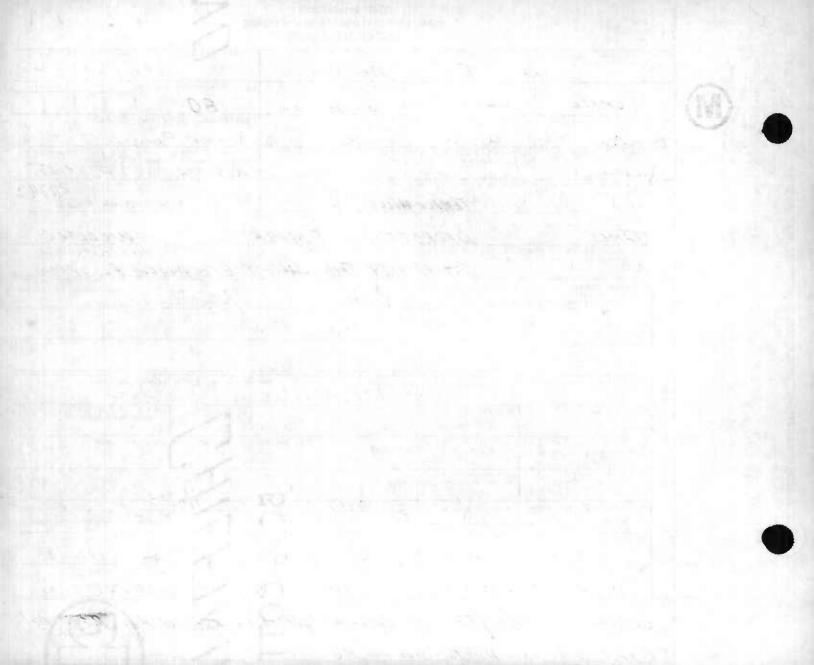
FUNERAL HOME, INC 400RESS Sandy Spring Rd. Laurel

Fort Lincoln Crematory Brentwood, P.G. JAN 101983

FOR STATE REGISTRAR			EPARTMENT OF	TE OF MARYLAND HEALTH AND MENTAL ER'S CERTIFICATE	DEDEATH	0 2	470
I. DECEASED NA/	ME FIRST		WIDDLE	Newman	20. DATE KNO		DAY YEAR 26. HOUR 1983
3. SEX Female	4. RACE White	S. DATE OF BIRTH	115	Y) MONTHS' DAYS HOURS	ER 24 HRS. 2t. DATE PRONOUNCED DEAD	January 1	DAY YEAR 24 HOUR
70. BIRTHPLACE	e e	U.S.A.		8 MARRIED NEVER MA WIDOWED DIVO	RCED Prince	George 's	s County MD.
Brentwo	od	4004 Ut	ah Avenue	OR OTHER INSTITUTION Apt 2	Cashirering	ON (TYPE OF WORK 12 LIFE)	26. KIND OF BUSINESS Grocery Store
Md are 2072			Brentwood			Avenue	20722 Apt. 2
III. FATHER'S NAA Grady	y		Dixon	IS MOTHER'S MA Vergie	WIDDLE	Car	rroll
160 WAS DECEAS	SED EVER IN U.S. AR NOWN) (IF YES, GIVE	RMED FORCES? E WAR OR DATES)	413 24 658		Management	De Hills,	Road Md. 20784
gave cause (<u>lying co</u>	ians, if any, which rise to immediate a) stating the under ause last.	DUE TO, OR A	AS A CONSEQUENCE C AS A CONSEQUENCE C JT NOT RELATED TO THE TERMI	Engha	PART 1 (a).		
NO THE CONTRACT OF THE CONTRAC	OF OPERATION	19b. CONDITI	ON FOR WHICH OPERA	ATION WAS PERFORMED?			20. AUTOPSY? YES NO NO
210. EXTERN UNDERLYIN CONTRIBU	NAL CAUSE WAS		MJURY MONTH DAY YEAR 19	21c. HOW INJURY OCCUR	RED LENTER NATURE OF INJURY II	N ITEM 18 PART 1 OR PART	
W	OCCURRED NOT WHILE [AT WORK	21e. PLACE O	FINJURY (AT HOME, RY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUN	NTY STATE
ACTUAL SIGNATURI EXAMINER' (TYPE OR PE	S NAME Said	A. Daee,	Accident , Sui	Mamicide TITLE (SPECIFY) M.D. Deputy 5632	MEDICAL EXAMINE Annapolis Lensburg, Ma	DATE SIGNED Road	Jan.14,1983
230 BURIAL, CREM	ATION, REMOVAL	ZJB. DAIC	1/3C NAME OF CEN	SEIERT OR CREMATORT	CITY OR TOWN	COUNTY	Y STATE

X X X X X X X X X X X X X X X X X X X	danne		6.70	
January 11 E3		-14 vii		Penale Wate
Prince George's County.			. a. u	Tennancog
Caphier George Sto	<u>·</u>	e oinev. inj	£002	1000 3000
4004 fttsh Armur Ant. 2		hour days	.non esmia	Cram Cr E
	oir to/	aon ist		Ant.
S47U Seinkley Roud	N . S sames	0920 NE 211		o e
unagolis acod unagolis acod	zinci.			

	1.	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	2471
	1. DE	CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	[TEP]	Carri	e E.	Newton	1/	11/83 1103 PM
A	3. SE	FRMALE	4 RACE	5. DATE OF BIRTH MONTH DAY YEAR 10 18 02	6 AGE (IN YEARS LAST BIRTHDAY) 80 YRS	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
21		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	** MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUN	TY OF DEATH
199		TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION ET ADDRESS)	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
010	C	reenbelt	OTHER DITITUTION GIVE RESIDENCE BLEFO	Nsg. Center	RETIREd	FLORIST
\$C	13a S	TATE 130 COUN	TY 136 CITY OR TO	HIELS YES NO	130. STREET ADDRESS 4706 Temple	Hills Road 748
18/00)	14 F/	TAMES	MIDDLE BARRE	15. MOTHER'S MAIDEN NA	AME MIDDLE	Webster
medicol		VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	CURITY NO. 17 INFORMANT		PARLBORU, Md
the m		NO	577-48	-9154 JAMES BARKE	TT 6500 DUBLE	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
event, t		PART I. DEATH WAS CAUSE	ly one couse per line for (a), (b), o D BY: E CAUSE (a)	Pulmonay	anust	BETWEEN ONSET AND DEATH
troumatic e		4860	DUE TO, OR AS A CONSEQ	UENCE OF PENEUMO	n ic	
er frou		Conditions, if ony, which gove rise to immediate cause (a), stating the	(b)		7000	
or othe		underlying couse lost	(c)			
njury,	N O	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO	DEATH OUT NOT RELATED TO THE SERV	MINAL DISEASE OF CONDITION C	GIVEN IN PART 110
shows any	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	HOPERATION WAS PERFORMED	IN CER	YES, WERE FINDINGS USED TIFYING CAUSES OF DEATH? YES NO NO
tem 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH	DAY YEAR	RED (ENTER NATURE OF INJURY IN ITEM)	8 PART I OR PART 2)
5	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	21f LOCATION	CITY OR TOWN	COUNTY STATE
is marked		22a I certify tha (1) this hospi	tol) attended the/deceased from	83 5/17 19 8	2 10 1/11/83	. 19, that (we) last
# 21		obove (I) Iwe) (did) (did no 22h. SIGNATURE	t) view the body after death.	DEGREE	death occurred on the date and h	22c DATE SIGNED
IT: If he		Davel	Schaelet	OU ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1/12/83
IMPORTANT:		DAMO S	ch schle	220 ADDRESS	putous, (ne	wheet no
<u> </u>	23a_1	BURIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
-	24 5	Burial	1/15/83 3	T. BARNABAS Epis. CI	rowh TEMPER A	Ills for med
4/82	C	NAME	NOW HIII Rd. OX	JA	N 1 7 1983 TRANSPICE	CIL Sulan Commission A
	6	LUCHO CHOOL	NO WILL KON OX	שוון ווויין אוט		



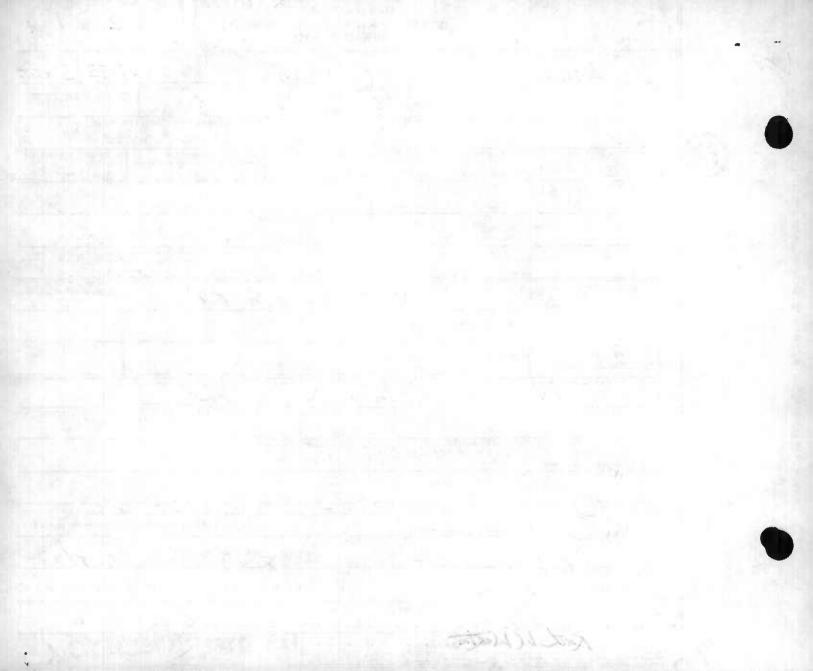
			•		STATE OF MA		0 7	0	0 4	7 1
	1 -	FOR STATE REGISTRAR		DEPAR	CERTIFICATE		ENE () S).	2 4	1 4
I		EASED NAME	FIRST	WIDDLE	LAST		20. DATE OF DEATH	MONTH (DAY YEAR	2b. HOUR
I.			STANLEY	L.	NITKOWS)5 83	7:00
ľ	3. SEX		4 RACE	111		AY YEAR	6. AGE (IN YEARS LAST BIRT	7	AONTHS DAYS	HOURS M
ŀ		MALE STATE OR FO	71 61717	EN OF WHAT COUNTR'	1.	2 1912	9. BALTIMORE CITY OF	O YRS	OF DEATH	
ſ		PENNA	/b. C1112	11-5 A	MARRIED NE		PRINCE GEO			,
7	10 CI	Y OR TOWN OF DEAT	H 11. NA/	ME OF HOSPITAL, NURS	WIDOWED THER	DIVORCED [12a USUAL OCCUPATIO			F BUSINESS
		CHEVERLY	PR	INCE GEORGE	S GENERAL	HOSP	SALESMAN - (RET	SEA21	-9
-	USUA 13a. S		IS COUNTY PREE	TITUTION, GIVE RESIDENCE BEF	WN 113d INSI		130. STREET ADDRESS, 2003 HA	WNON	STREE	2078
Ī	I4 FA	THER'S NAME	MIDDLE	LAST		HER'S MAIDEN NAM	MIDDLE	11	LAS	
Ŧ	Ián W	WADIC AS DECEASED EVER IN	VIIS ARMED FOI	NITICENS		SEPHINE PRANT	ADDRE		SHINS	<1
			(IF YES, GIVE WAR OR E		0 110	/ 1	TKUWSKI -			
ſ		18 CAUSE OF DEATH	Enter only one co	use per line for (a), (b),	ond Ici. S	1	1-1: -2	160	BETWEEN	MATE INTERVAL ONSET AND DE
I		5100	MMEDIATE CAUSE	(O) HCute	Keop)	ratery -	failase.			
1		Conditions, if ony,		TO, OR AS A CONSEC	UENCE OF	Branchit	1.5.		1.030	
		gove rise to imme	ediote)	TO, OR AS A CONSEC	LIENCE CO D - 1	0 3	Δ Δ			10.00
		underlying couse	lost.	(a) - 1	ial fiste	la. (4) 81	de. ASH	D.		
	z	PART 2 OTHER SIGNI	FICANT CONDITION	ONS CONTRIBUTING TO	DEATH BUT NOT REL	ATED TO THE TERMI	NAL DISEASE OR COND	ITION GIV	EN IN PART 110) 1
	CERTIFICATION	19a DATE OF OPERATION	ON 19b.	CONDITION FOR WHIC	CH OPERATION WAS PI	RFORMED	20a AUTOPSY?	20b. IF YES	, WERE FINDIN	IGS USED
	Ĕ	Tracheost-	my A	cute Kes	p. failur	C	YES NO NO		YING CAUSES	NO [
	E .	1 out net of					1 4			
7		21e. ACCIDENT WAS UNDE	RLYING 216.	TIME OF INJURY	DAY YEAR 21c. HO	W INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM 18 P.	ART 1 OR PART 2}	
	CAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA	RLYING 21b. AUSE OF DEATH AL EXAMINER)	DUR A.M. MONTH P.M.	DAY YEAR 19			Y IN ITEM 18 P.	ART 1 OR PART 2)	
		218. ACCIDENT WAS UNDER OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA 218 INJURY OCCURRE	REYING 21b. AUSE OF DEATH ALEXAMINER) 21b. (ATE	OUR A.M. MONTH	DAY YEAR 19 211. LOC				COUNTY	STATE
	MEDICAL	210. ACCIDENT WAS UNDER OR CONTRIBUTING CA (# EITHER NOTHY MEDICA 21d INJURY OCCURRE WHILE NOT WHILE AT WORK AT WORK	RLYING 21b. RUSE OF DEATH ALEXAMINER) 210. (AT H	P.M. PLACE OF INJURY HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211. LOC	CATION	ED (ENTER NATURE OF INJUR			STATE
	MEDICAL	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (# EITHER, NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOTIFY WHILL AT WORK 22a I certify that (1) (1) sow the deceased	REVING 21b. AUSE OF DEATH ALEXAMINER) D 21c. (ATH this hospital) ofter	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE anded the deceosed from	DAY YEAR 19 211. LOC	CATION STREET	ED (ENTER NATURE OF INJUR	٧N	COUNTY	that (I) (we)
	MEDICAL	21a, ACCIDENT WAS UNDER OR CONTRIBUTING CA (# EITHER, NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOTIFY WHILL AT WORK 22a I certify that (1) (1) sow the deceased	REVING 21b. AUSE OF DEATH ALEXAMINER) D 21c. (ATH this hospital) ofter	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE	DAY YEAR 19 211. LOC	CATION STREET	CITY OR TOV	٧N	COUNTY	
	MEDICAL	218. ACCIDENT WAS UNDER OR CONTRIBUTING CA (# EITHER, NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILL AT WORK 220.1 Certify the (1) (1) sow the decasee obove, (1) (we) (dig	REVING 21b. AUSE OF DEATH ALEXAMINER) D 21c. (ATH this hospital) ofter	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE anded the deceosed from	DAY YEAR 19 211. LOC 25, and that in	TATION STREET , 19 SS 2- (my) (our) opinion di	CITY OR TOV	te ond hour	county 19 2 , r and from the	that (I) (we) couses stated SIGNED
	MEDICAL	218. ACCIDENT WAS UNDER OR CONTRIBUTING CA (# EITHER, NOTIFY MEDICA 21d INJURY OCCURRE WHILE NOT WHILL AT WORK 220.1 Certify the (1) (1) sow the decasee obove, (1) (we) (dig	REVING 27b. ALEXAMINER) D 21e E (ATH Child property of the property of	PLACE OF INJURY HOME, STREET, FACTORY, OFFICE anded the deceosed from the body offer death.	DAY YEAR 19 211. LOC E. FARM. ETC.) DEGREE	. 19 S 2 (my) (our) opinion d	CITY OR TOY , to	te ond hour	county 19 2 , r and from the	that (I) (we) couses stated SIGNED
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(VRA 15, 4)

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	1.	FOR	DEPA	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL	HYGIENE 8 3	2 4 7 3
	11.	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
	I. DE	CEASED NAME FIRST	MIDDLE	LAST	20 DATE OF DEATH MONTH	DAY YEAR 26. HOUR
8 26	ITYPI	Loda Loda	В.	Nossamai	1-	22-83 3:35 A
year gap r	3 SE		4 RACE	S. DATE OF BIRTH	AGE (IN YEARS LAST RIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
A THE ST	F	emale	White	3 - 12 - 9	4 88 XXXXXX	MONTHS DAYS HOURS MIN
4/2	7r. B	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNT	RY?	BALTIMORE CITY OR COUNT	Y OF DEATH
		Okla.	U.S.A	· WIDOWED XX DIVORCED	Desimon Con	rges "
A SERVICE	JA-C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NU	RSING HOME OR OTHER INSTITUTION	12R USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	126. KIND OF BUSINESS OF
	A	delphi	Adelphi, M	anor Care	Office Mar.	Jewelry Sto
A DE TO	USU 13a	AL RESIDENCE IF NURSING HOME (OR OTHER INSTITUTION, GIVE RESIDENCE BUTTY 134, CITY OR 1		S? 13m STREET ADDRESS	
1 11 (120)		Mon Mon	taomery Sil.	Spr. YES XX NO [15100 Waterg	ate Rd. 2090
100	14. F/	THER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
# # /# /# /		Elijah		kson Emil	V	Demott
1 2 1		VAS DECEASED EVER IN U.S. A	RMED FORCES? 166 SOCIAL S	SECURITY NO 17 INFORMANT	75100	Watergate Rd
2 10 1	Ł			2-8316A Audrey		pr., Md.
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t gto i		3109	DUE TO, OR AS A CONSE	OUENCE OF		
at state of the st		Conditions, if ony, which	(b)			
the the removement		gave rise to immediate cause (a), stating the	DUE TO, OR AS A CONSE	EQUENCE OF		
y into		underlying couse lost	(c)			
ind a plan		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE	TERMINAL DISEASE OR CONDITION G	IVEN IN PART 1(0)
The Th] 2	0.	RGAMIC 1	SRAIN JYN	100mme	
The has be ermit.	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WE	TICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
cian. ifficate hinsit per Hygien m 18 sh	I E					res NO
rSICIAN: hysician. certificate -transit p ntal Hygie Item 18:		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D		DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM 18	, PART 1 OR PART 2)
of easily	MEDICAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	P.M.	19		
DING PH ttending After this s the buri th and M marked o	AED AED	214 INJURY OCCURRED	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
	1	AT WORK AT MORE		, h 2	- /20	0
hospital or a hospital or a DIRECTOR: hed for use a Dept. of Heat If Item 21 is			pital) ettended the deceased fro			, 19 5, that (1) we) las
Thospital DIRECT ned for 10 fept. of frem 2	1		not view the body ofter death.		nion death occurred on the date and he	
hoss Shed Dept		Th SIGNATURE	///	DEGREE	IC AEDICAN STAFF	221. DATE SIGNED
TAL TAL SAL Setac Sate D		11/	1	PHYSICIA		1/28/03
NEF INEF		224 PHYSICIAN'S NAME THE	CIE FRINT)	22e ADDRESS	con mon m	Kanner.
TO HOSPITAL ATTERIATED ATTERIATED BY THE HOSPITAL ATTERIATED BY TO FUNERAL DIRECTION With the State Dept. of HIMPORTANT: If Item 21		JXH1554	ER MD	730004	Elexuary con on	101456850
Fa Fa M		BURIAL, CREMATION, REMOVA		230 NAME OF CEMETERY OR CREMATO	CITY OF JOWN	COUNTY TZ STATE
BP		Burial ,	2/1/83	Cave Hill Cemet	ery Louisville	Ky
DHMH-16 25M	24 F	UNERAL DIRECTOR	W Westing P	.O. Box 7428	DATE RECID BY REGISTRAR ISH REGI	STRAR'S SIGNATURE
(VRA 15, 4) 1/79	W	arner E. Pum		il. Spr., Md.	1000	- ahuly



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- The Mark Co. I mes E. Norlin, 17600 Hemory Ln.

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Mishing solicitor, Jesus, Na. M.

	1 - STATE REGISTRAR	DEPARTA	CERTIFICATE OF DEATH	REG. NO.	0 2 -	, ~
1	1. DECEASED NAME FIRST (TYPE OR PRINT)	WIDDLE	LAST	20. DATE OF DEATH MON	TH DAY YEAR	26 HOUR
	Neva	Fern N	OYES	January 1	7,1983	2:15A M
	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	() IF UNDER 1 YEAR	IF UNDER 24 HRS
	Female	White	Aug. 5, 1914	68	YRS.	HOURS MIN.
1	70. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	
-	Ohio	U.S.A.	WIDOWED DIVORCED	Prince Geo	rge's	MD
1	10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	ADDRESS)	120. USUAL OCCUPATION		F BUSINESS OR
)	Lanham	Doctors' Hospit	al of Pr. Geo. Co.			t Food
)	USUAL RESIDENCE (IF NURSING HOME OF 130 STATE 131. COURT A.A	NTY 13c CITY OR TOW		13. STREET ADDRESS 22 N. Caro	1 St. 20	07/07
20	14 FATHER'S NAME	MIDDLE LAST	15. MOTHER'S MAIDEN NA	MIDDLE	LAS	7
7	John	H. Craig		J.	Eckell	perry
2	160 WAS DECEASED EVER IN U.S. AR	RMED FORCES? 166 SOCIAL SEGU	PRITY NO. 17. INFORMANT	250 s	Ironshire	e So.
-	No	217-32-	2305 Patricia L	eDroux Laur	el, Md.20	3707
	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		CONT		
,		CONDITIONS CONTRIBUTING TO (<u>DEATH</u> BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	ON GIVEN IN PART 10	D'
1	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		IF YES, WERE FINDING CERTIFYING CAUSES YES	
-		ATH HOUR A.M. MONTH DA		RED (ENTER NATURE OF INJURY IN	TEM 18 PART 1 OR PART 2)	
	OR CONTRIBUTING CAUSE OF DE OF EITHER, NOTIFY MEDICAL EXAMINE OF CONTRIBUTING CAUSE OF DE OF CONTRIBUTING	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	PARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
	saw the deceased flive or above (h(we) (did) (did a	olar) attended the deceased from	, and that in (my) (our) apinion	death occurred on the date a	and hour and from the	
2	the h	fluras		MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	7 B
1	22d, PHYSICIAN'S NAME ITYPE	OR PRINT)	220 ADDRESS			

O FUNERAL DIRECTOR:

MPORTANT: If Hem 21 is should be detached

certificate has be

DHMH - 16 50M 4/B2 (VRA 15, 4)

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial 23b. DATE

Lewis H. Dennis, M.D.

23c. NAME OF CEMETERY OR CREMATORY

23d. LOCATION

831 University Boulevard E., Silver Spring

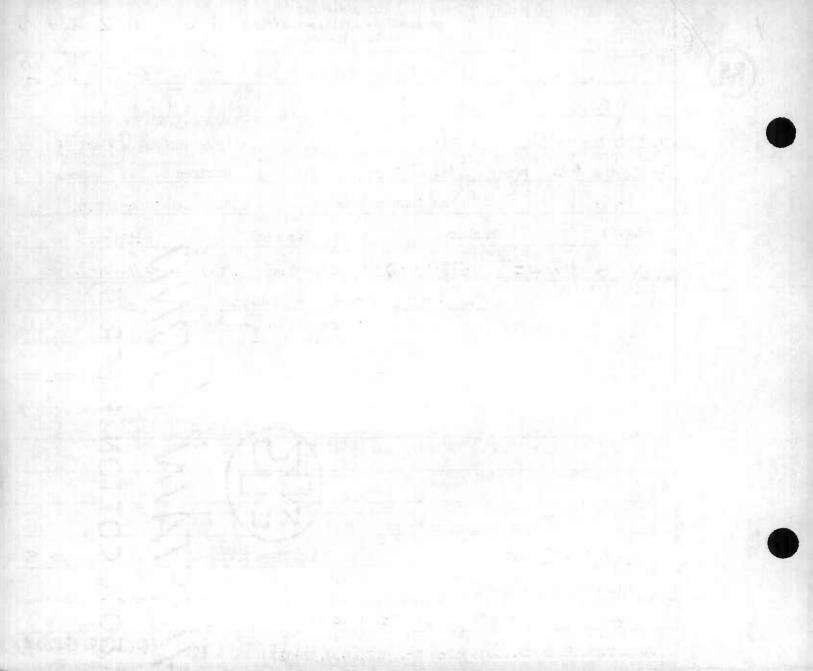
Maryland 20903

P.G.Co

ncoln 21 FUNERAL DIRECTOR Fleck Funeral Home 7601 SandySpring Rd



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death. Page 4 may be

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	REGISTRAR		CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST	MIDDLE		AST	20. DATE OF DEATH		AY YEAR	2b. HOUR
	Katha	rine Byr	on P	atrick	January	24, 198	33	6:15P
1 SE	Female	4 RACE White	5. DATE (6 AGE (IN YEARS LAST B		ONIHS DAYS	HOURS MIN
D	IRTHPLACE (STATE OR FOREIGN COUNTRY) elaware	76 CITIZEN OF WHAT CO	OUNTRY? 8.	D NEVER MARRIED	Day I may a May	OR COUNTY		<i>r</i> ~
Gr	eenbelt		GIVE STREET ADDRESS) edical Nur	sing Center	12e. USUAL OCCUPATION OF WORK FOR MOST Beauticia	OF WORKING LIFE)	Luth.	Nationa Home
Ma.		DUNTY 13c CITY	OR TOWN	13d. INSIDE CITY LIMITS? YES 🛣 NO 🗌	13e STREET ADDRESS 1636 Eton		de - 2	1114
1	ATHER'S NAME FIRST infield	MIDDLE B:	LAST Yron	15. MOTHER'S MAIDEN N	MIDDLE		Peter	
		GIVE WAR OR DATES)	-09-8760	17. INFORMANT Mr. John By	ron Patrick	Addi	ess Sa 13e.	ime as
	Conditions, if any, which gave rise to immediate cause iol, stating the underlying cause last.	DUE TO, OR AS A C	dece	fiber C	elce		6 2	ewn
ATION	or ac	TONDITIONS CONTRIBU	Letra	cerebre	RAINAL DISEASE OF COM	POL	N IN PART 10	a '
문	190 DATE OF OPERATION	- Cano	WHICH OPERATION	NWAS PERFORMED	20a AUTOPSY? YES □ NO ■		WERE FINDIN	
CAL CERTI	Y10. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER NOTIFY MEDICAL EXAM	DEATH HOUR A.M. MO	NTH DAY YEAR	21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF IN)	JRY IN ITEM 18 PAF	RT OR PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJUR		211. LOCATION STREET	CITY OR TO	OWN	COUNTY	STATE
		ospital) attended the decease an state of the body after dec	oth. 19 . or	d that in (my) (aur) apinia	on death occurred on the c	late and hour		that (1) (we) lo causes stated
<	224 PHYSICIAN'S NAME (IV	DE OR BRINT)	4	ATTENDING PHYSICIAN	MEDICAL STA		Jan.	14 f
	Till Bergem				way - Green	helt. N	v farvlar	nd

23c. NAME OF CEMETERY OR CREMATORY

Ft. Lincoln Cemetery

23d LOCATION
CITY OR TOWN
Brentwood

JAN

BP DHMH - 16 50M 1/B1 (VRA 15, 4)

should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

MPORTANT: If Hem 21 is

230. BURIAL, CREMATION, REMOVAL (SPECIFY)

Burial
24. FUNERAL DIRECTOR

Jan.27,1983

F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

TO FUNERAL DIRECTOR. After this certificate has been

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Suriel | Jan. 27, 1207 | Ff. Lincoln Committery Empfroud 1.6. Maryland

v. Essents Some '. M. T.A. Myattaville, "harvland Lilled

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, n=		REGISTRAR CEASED NAME FIRST OR PRINT) ROYCE		ckson		me, III		REG. NO OF DEATH uary 20	MONTH DAY	YEAR	26 HOUR 3:30A M
of a may be	3. SE.		4. RACE	ite	5. DATE			(IN YEARS LAST BIRT	HDAY) IF	UNDER I YEAR	IF UNDER 24 HRS
M Pogo		RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	A	D NEVER MARRIED	Pr	MORECITY OF	county o	F DEATH	MD
by the filed with filed with	Н	rattsville	7242	Glehridg	e Dri	OR OTHER INSTITUTION VE	120 USU	AL OCCUPATION OF THE PROPERTY OF	ON WORKING LIFE)	SCHOOL	DE BUSINESS OR
in 24 hour y filled in 1 should be f	1		NTY Geo.	13c. CITY OR TOV Hyattsv		13d. INSIDE CITY LIMITS? YES NO		42 Glen	ridge	Drive	20784
Ve with d with d with hipletel		Royce	WIOOFE	Payne,		IS. MOTHER'S MAIDEN NA Kathleen	WE	Rha	atigan	Ros	e
Approbe execute be execute on and con s. Pages 1 c	16a V	VAS DECEASED EVER IN U.S. AI	IVE WAR OR DATES)	None None	JRIIY NO.	Royce Payne,	11	Same a		(Fati	her)
Examiner Notifi the low requires that the death tion. The bos been signed by the ottendi it permit. Then please remove con tene prior to buriol, cremotion, o tows any injury, or other troument	ATION	Conditions, if ony, which gove rise to immediate couse fol, storing the underlying couse lost. PART 2 OTHER SIGNIFICANTILE OF OPERATION	(c)	ucmia.	TUN DEATH BUT	Mileston OT RELATED TO THE TERM NOT WAS PERFORMED	7 INAL DIS	EASE OR CONE	20b. IF YES, V	VERE FINDI	NGS USED
ote of sic	AL CERTIFICATION	210. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING [CAUSE OF DI (IF EITHER, NOTIFY MEDICAL EXAMINI	216. TIME CHOUR A	tostation	Wi	216 HOW INJURY OCCUR	YES RED (ENTI	NO TO	YES		OF DEATH?
Medical DING PHYSICIAN or offending phy After this certifice e os the burial-tre off hand Mental I morked or them 18	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY REET, FACTORY, OFFICE,	FARM, ETC)	211. LOCATION STREET		CITY OR TO	WN	COUNTY	STATE
TIENDIN pitol or TOR: Af for use o of Health		22a. certify that (1) (this has sow the deceased alive a above, (h/we) (did) (did a			77, .	nd that in (my) (our) opinion	,	urred on the do	te and hour o		that (1) (we) last couses stated
TAL OR A y the hos RAL DIREC detoched fote Dept. VI: If Item	10	Etu H.	Sayo	n H	0			OR PHYSIC	IAN	2.3	SIGNED .20,1983
TO HOSPITAL of reformed by the TO FUNERAL Eshould be detoo with the Stote ElimphoRTANT: If		Elie A. Sayan				220. ADDRESS 5803 Cheve	erly,	Maryla			
	-	BURIAL, CREMATION, REMOVA	L 23b. DATE	122	NIAME OF	EMETERY OR CREMATORY	73d 1	OCATION			

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492 SPESBURROUGHS AVENEJAN

FOR - STATE

REGISTRAR

24 FUNERAL DIRECTOR

S. WASHINGTON + BONS

DHMH - 16 50M 4/82

(VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

250. DATE REC'D. BY REGISTRAR 250 REGISTRAR'S SIGNATURE

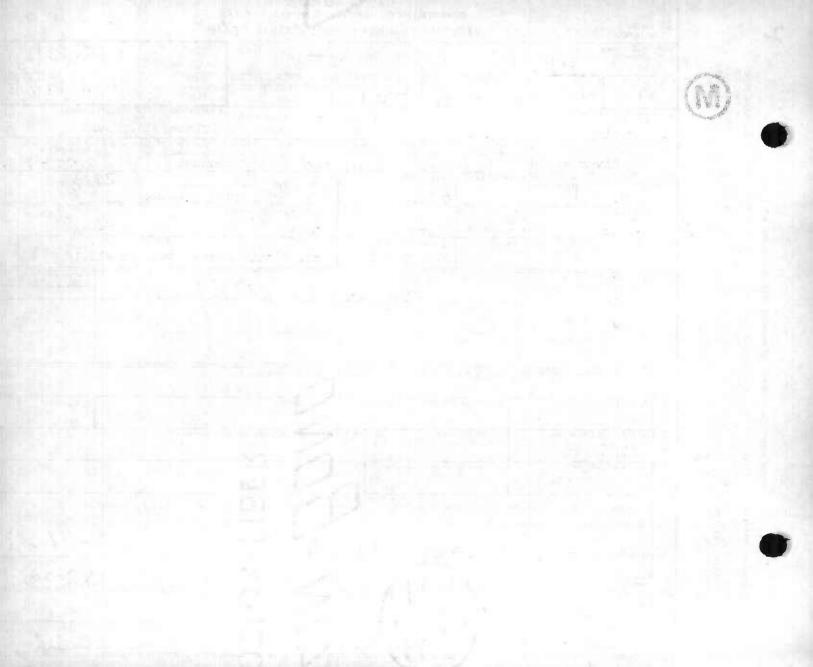
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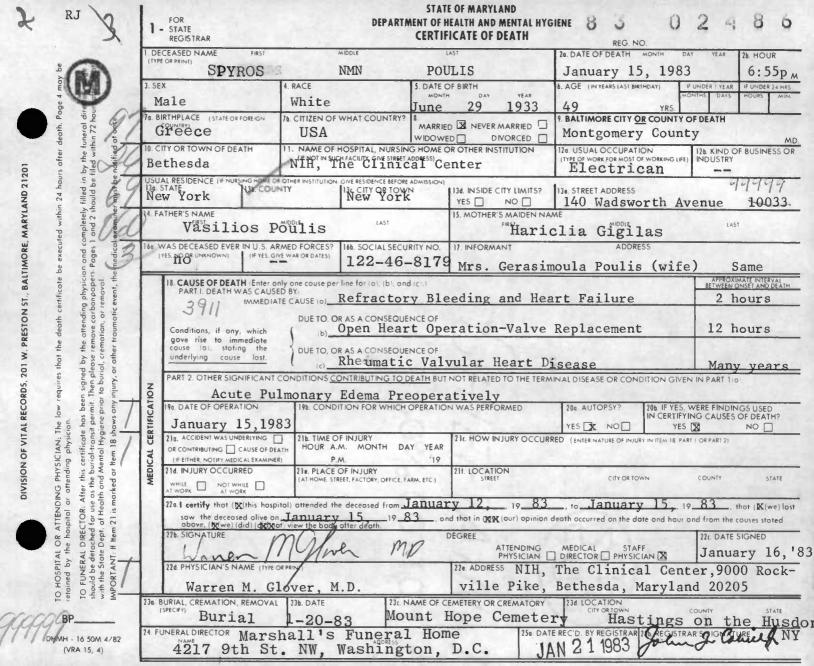
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AD.	2.5. Z.S.F.		THER'S NAME		WIDDLE				15. MOTHE	R'S MAIDER			DIE	· · · · · ·		LAST	V		
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WO!	A SA SE DE LA SA S		VAS DECEASED	EVER IN U.S. AF	RMED FORCES?	166 SOC	IAL SECURITY	NO.	17. INFORM				ADDRES	SS	- 1				
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS NECESSARY, PLEASE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1, 2, AND 3 TO THE FUNERAL DIRECTOR. PAGE 4 SHOULD BE FORWARDED TO THE CHEF MEDICALE EXAMINER ALONG WITH PORMS PAGE 3 SHOULD BE FORWARDED TO THE CHEF MEDICALE EXAMINER REMIT. PAGES 1 AND 2 SHOULD BE FILED WITHIN 72 HOURS AFTER PEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET, BALTIMORE, MARYLAND, 21201 PRIOP TO BURIAL, CREMATION, OR REMOVAL.			les	WWI	I	578-30-5721			Mary	E. Po	orter	5	Same	As #	# 13 A-E				
			18 CAUSE OF	DEATH (Enter a	nly ane cause per ling	far (a), (b)	, and (c).)			011					RETY	PROXIMATE	INTERVAL AND DEATH		
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N.V	5.6+3		death resulted	death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .															
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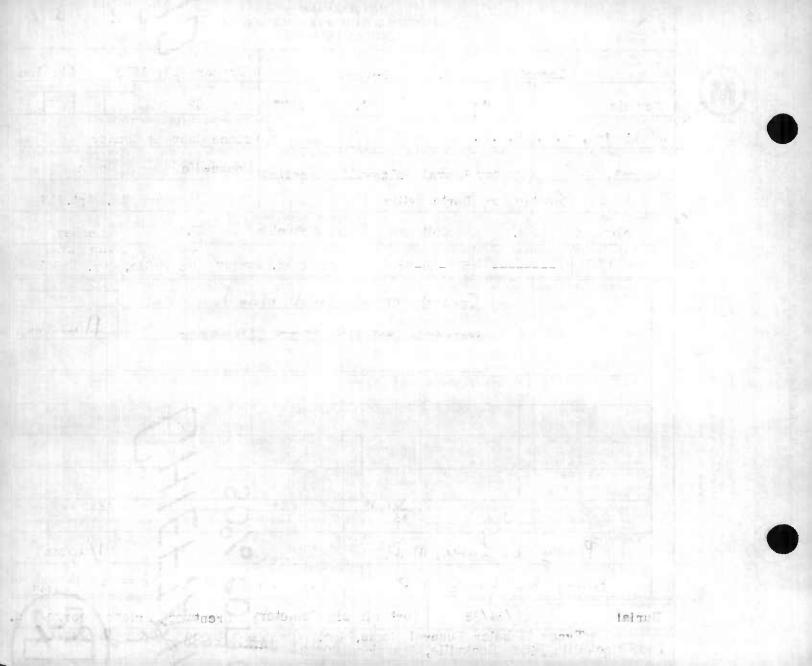
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9 1	4.FA	THER'S NAME FIRST		MIDDLE		LAST		15. MOTHE	ER'S MAIDEI	NAME	,	MIDDLE			LAST	
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		Cause (a) stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF (c) (c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a).														
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1	CERTIFICATION	19a. DATE OF	JE ERATION	176 COND	HUNFUR	WHICH OPE	W MOITE	AS FERFOR	WED!					20	YES	
4	ERTI	21a EXTERNAL	CAUSE WAS	21b. TIME O	FINJURY		21c Ho	OW INJURY	OCCURRED) (ENTER N	NATURE OF IN	JURY IN ITEM	A 1B PART 1 C	OR PART 2)	TES []	NO []
3		UNDERLYING		HOUR A./	M. MONTH	DAY YEA										
	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK 21e PLACE OF INJURY (ATHOME, STREET, FACTORY, FARM, ETC.) 21f LOCATION STREET CITY OR TOWN COUNTY											STATE			
		220 I certify death resulted		ge of the remains de	scribed abo		Autop vicide	, Homic			Inquiry ermined m		and in m	ny apinian	-11	£>
		ACTUAL SIGNATURE _	SAND	AD	ASI	M)_M	Def.	mil)_MEDI	ICAL EXA	MINER		ATE GNED.	16	-05
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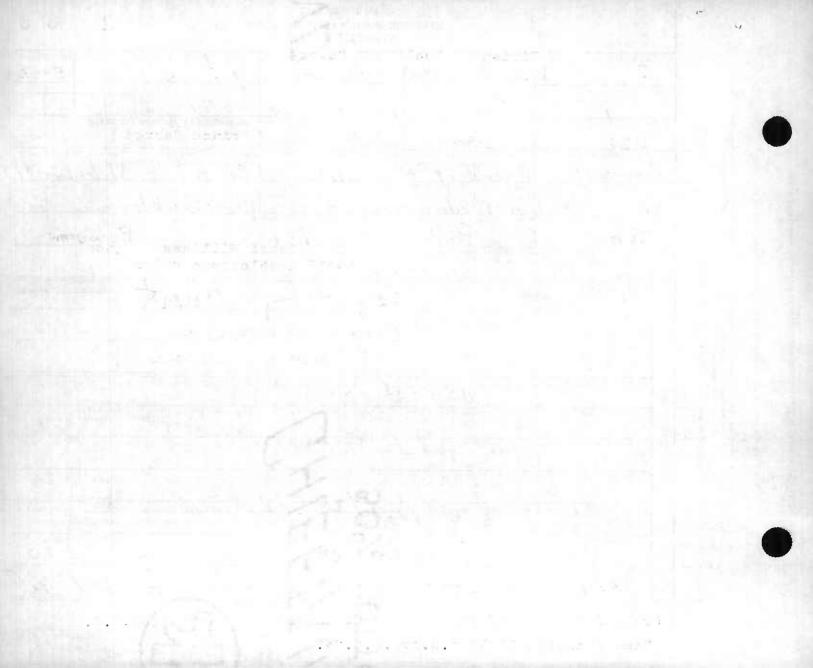
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		CEASED NAME	FIRST	1220	WIDDLE	ı	AST	1.00	20. DATE OF	DEATH MOR	NTH DAY	YEAR	26 HOUR
	(1.10)	OR PRINT!	Leon	elda	G.	Pow	ers		Janua	ary 20,			11:41pm
)	3 SE			4 RACE	C 17 10	5. DATE C	DAY	YEAR _	6 AGE (IN YE	ARS LAST BIRTHDA	MON	INDER 1 YEAR	HOURS MIN.
1		emale		White		Öc	t. 27	1923		59	YRS.		
1	W	RTHPLACE (STATE OR F	D.C.	U.S.A.		WIDOWE		vorced 🔼	Prince		es Cou		MD
74		ty or town of DEA aurel. MD		(IF NOT IN SUC Greater	HOSPITAL, NURSI H FACILITY, GIVE STREE Laure 1 –	Beltsv			12e USUAL C LITTE OF WORK House	FOR MOST OF WO	ORKING LIFE)	Home	
35	13a. S	at residence (# 1918) aryland			Burtons		13d. INSIDE C	NO [135 STREET A	Blackbu	urn R	20 d. Ap	0866 t.#13
50	14 FA	Norman		WIDDLE	Völkn	nan		s maiden na L eoneld :		AGDLE .		Leŝì	her
2	16a M	VAS DECEASED EVER		MED FORCES? E WAR OR DATES)	577-20-		Thom		Powers	1203 Rock	Crawi ville,	ford D Md.	rive 20851
jury, or other troomonic ever	NO	PART 1. DEATH W 1629 Conditions, if ony, gove rise to imm couse (a), stating underlying couse PART 2 OTHER SIGN	which nediote g the lost.	DUE TO, O DUE TO, O (b) 1 DUE TO, O	R AS A CONSEON META STATIC R AS A CONSEON DITTRIBUTING TO	UENCE OF		encio (Carcino				months
1	CERTIFICATION	19a DATE OF OPERAT	ION	19b. COND	ITION FOR WHIC	H OPERATIO	N WAS PERFO	DRMED	20a AUTO		Db. IF YES, W CERTIFYIN YES		NGS USED OF DEATH? NO
9		21a. ACCIDENT WAS UND OR CONTRIBUTING C (IF EITHER NOTIFY MEDIC	AUSE OF DEA	in -	M. MONTH	DAY YEAR	21¢ HOW IN	JURY OCCUR	RED (ENTERNAT	URE OF INJURY IN	ITEM 18 PART	I OR PART ?)	
	MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	K		REET, FACTORY, OFFICE		21f LOCATION STREET		3.11	CITY OR TOWN		COUNTY	STATE
S 1 7 6		22a.1 certify that (1) sow the decease above, (1) (we) (d	d olive on	Jan. 2	19	83	nd that in (my)	, 19 <u>83</u>) (our) opinion	deoth occurred	Jan. 20 I on the dote of		nd from the	
H : H BC			wy		ance, m	1000			MEDICAL DIRECTOR	STAFF PHYSICIAN	1 🗆	220 DATE	SIGNED 1/83
1		Bar	ry 1	C. La	nce, m		22e. ADDRES	of La	aurel F),,井:	123,	Lavrel M. 20707
	В	urial, Cremation, urial		1/24/8	33 F	ort Li		Cemeter		ntwood	/		orge st Md
82	14 Ft	JNERAL DIRECTORT 331 Rockvi	yson lle P	Wheeler ike Roo	Funera kville,	l Homo Maryla	e, Inc. and 208	52 250, DA	NES 61	983^8	PECISTRA	S. Tieff	Beilf

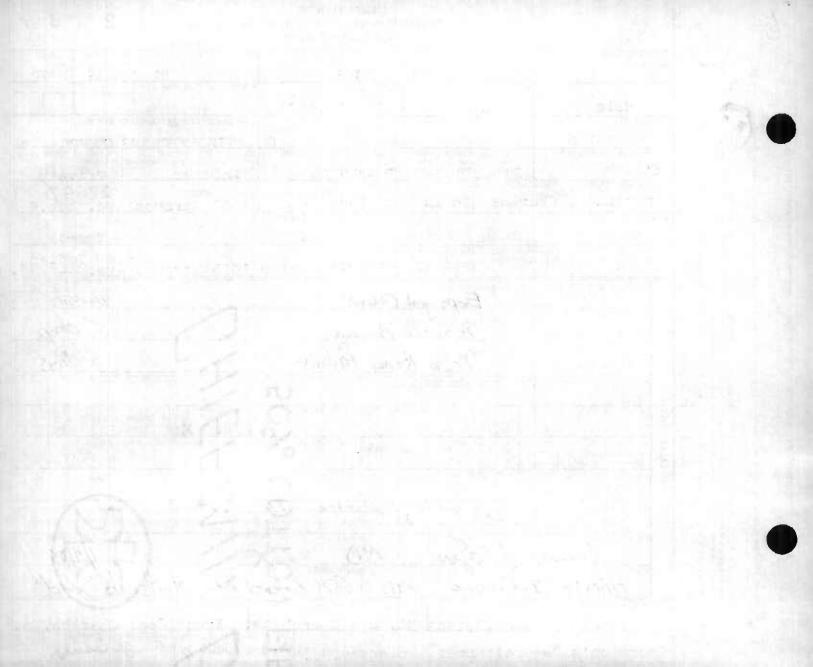


	1.	STATE REGISTRAR	0	CERTIF	CATE OF DEATH	REG. N	10.	, 0 0
. 84	1. DE	CEASED NAME FIRST	Vivian MIDDLE P	0	Powers	20. DATE OF PEATH	MONTH DAY YEAR	26 HOUR
moy be poge 3 fer death	L,		Ivian	You	Powers	1/	5 /83	5/5PM
ge 4 mo ector, p	3. SE	<i>i</i> =	Cau	5. DATE C	F BIRTH DAY VEAR O 1 0 8	6. AGE (IN YEARS LAST BIT	MONTHS DAYS	HOURS MIN.
Poor Poor		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COL	INTRY? 8 MARRIE		9. BALTIMORE CITY	OR COUNTY OF DEATH	
A Fig.		USA	USA	WIDOWE	X	Prince G	George	MD
ofter d	10 C	reen be 1+	11. NAME OF HOSPITAL,		ROTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O		OF BUSINESS OR
24 hours	USU	AL RESIDENCE (IF NURSING HOME OR TATE	TY 13c CITY C	CE BEFORE ADMISSION) OR TOWN SPING	134 INSIDE CITY LIMITS? YES NO	130 STREET ADDRESS	b b lestone	20404
makyla mpleti ond 2 in	14 F/	THER'S NAME FIRST	MODIE P	4.	15. MOTHER'S MAIDEN NA	AMÉ	Bouch	ST M MN
RE, N	16a. \	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIA	AL SECURITY NO.	17 INFORMANT Jam	es William		
Mond on ond		YES, NO OR UNKNOWN) (IF YES, GIV	E WAR OR DATES)	22-4890	14617 Cob	blestone I	rive	
rtificate (physicic anpopers emovol.		18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIAT	ily one couse per line for (o). D BY: TE CAUSE (o)	(b), ond (Res	piraton	any	APPRO) BETWEEN	XIMATE INTERVAL LONSET AND DEATH
STON S eoth ce		Conditions, if ony, which	DUE TO, OR AS A COM		mic 08	a tructive		
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 2120 ING PHYSICIAN: The low requires that the death certificate be executed within 24 hours retending physician. Her this certificate has been signed by the oftending physician and completing Illied in to as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 strength the and Memol Phygiene prior to buriol, cremotion, or removal. arked or them 18 shows ony injury, or other traumatic event, the medical examination.		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A COI		Polmma	Draca	الم	
RDS, 20 equires t a signed Then ple r to burio	NOI	PART 2. OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTION A CONTRIBUTI	Oratio	NOT RELATED TO THE TERM	MINAL DISEASE OR CON	IDITION GIVEN IN PART 1	10
AL RECO	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY? YES NO	206. IF YES, WERE FINDS IN CERTIFYING CAUSES YES	
SICIAN: T ng physici certificate entol-tronsi entol Hygi		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. MON	TH DAY YEAR	21c. HOW INJURY OCCUI	RRED (ENTER NATURE OF INJU	JRY IN ITEM 18 PART I OR PART ?)	
HYS) nding nding his ce buri	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY		21f LOCATION	CITY OR TO	OWN COUNTY	STATE
IVIS 4G P atter ter the	\$	WHILE NOT WHILE AT WORK	TAT HOME, STREET, FACTORY	OFFICE PARM, ETC.)	1/00 00	,	000	
NDIN I or I or Use o Health		220.1 certify that (1) (this hospi			110 1981		19.00	, that (I) (we) ost
ATTE spito COTO Sfor of h		sow the deceased alive on obove, (11) (we) (did) (did no	t view the body after death	2	that in (my) (our opinion	deoth occurred on the d		
ALOR, the hold of		226. SIGNATURE Daw	Ad	alch	DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN (\$ 83
O HOSPITA TO FUNERA should be a with the Sto		DAVID	Chachte	/	122e. ADDRESS Con	tamy 1	were bell	1 rel
Short		BURIAL, CREMATION, REMOVAL			EMETERY OR CREMATORY	23d LOCATION	COUNTY	STATE
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DHMH - 16 50M 4/82	24 F	Himes/Rinald:	i 11800 N.A	La Ave.S.	S. Md. 250 DA	TE REC'D. BY REGISTRAL	25) TEGISTRAR'S SIGNA	TURE

(VRA 15, 4)



(VRA 15, 4)



Therewise translation from the wife the

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR DECEASED NAME 20 DATE KNOWN (TYPE OR PRINT) OF ESTI-Francis DEATH MATED Henry Pyles 15 1083 4. RACE 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE PRONOUNCED 1983 Male Caucasian DEAD 60 Th CITIZEN OF WHAT COUNTRY? BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED DIVORCED Maryland WIDOWED Prince George's County 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 128 USUAL OCCUPATION TYPE OF WORK 126. KIND OF BUSINESS FOR MOST OF WORKING LIFE) OR INDUSTRY 7401 Old Branch Ave. Clinton Plumber Plumbing USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 2000 3 13b. COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c CITY OR TOWN Maryland Pr. George's 7401 Old Branch Avenue (30748) YES TO NO [Camp Springs 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE LAST Ross Pyles Mary Miller 17. INFORMANT 16b. SOCIAL SECURITY NO 160. WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Yes WWII 219-16-3747 Velda N. Pyles Same As # 13 A-E 18 CAUSE OF DEATH (Enter only one cause per line far (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: Arteriosclerotic cardiovascular disease DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19a DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? ARDED TO THE CONTROL OF A SE DEPARTMENT OF A SECOND BE USE A SECOND BE USE A SECOND BURIL 21s EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 211 LOCATION STREET, FACTORY, FARM, ETC.) CITY OR TOWN COUNTY WHILE AT WORK EXECUTE THE CERTIFICATE, WR PAGE 4 SHOULD BE FORWAR TO EUNERAL DIRECTOR: PAGA AFER DEATH, WITH THE STATE BALTIMORE, MARYLAND, 2120 22a. I certify that I taak charge of the remains described above, held an Autapsy Inspection and in my opinion Undetermined manner Natural causes Homicide _ TITLE (SPECIFY) DATE 1/15/1983 Deputy MEDICAL EXAMINER ADDRESS 5009 Rayburn Ct., Camp Springs, Md. Augusto P. Rodriguez, M.D. 23¢ NAME OF CEMETERY OR CREMATORY 23d. LOCATION January 18, 1983 Resurrection Cemetery Burial Clinton, Pr. George's, BP 250. DATE REC'D. BY REGISTRAR PROPEGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. Old Alexander Ferry Road, Clinton, Maryland (VR A15 ME (566 20M 4/82

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EAS TOR TIES SEET	3. SEX		Richar	5. DATE OF BIRTH	clton		DER 1 YR. IF UNDER		DATE	MONTE	DAY	19 8 3	74 HOUR
S HC STE				MONTH DAY	YEAR LAST BIR	HDAY) MONT		MIN. PROM	NOUNCED				1720
O Z Z Z Z			Caucasian		1955 27	YRS.			DEAD	1	2	1983	PM
LITTES RESS	7a B1	RTHPLACE (S'	TATE OR	76 CITIZEN OF WE	IAT COUNTRY?	8. MARR	ED XXNEVER MARR	IED 7.84	ALTIMORE CIT	TY OR COU	NTY OF	DEATH	
NECESSARY, PLEASE FUNERAL DIRECTOR. 5 FOR YOUR FILES. W. PRESTON STREET,		shingto		U.S.A.		WIDOW			rince	George	's (Count	V. MD.
S A WEEK	10. CT	Y OR TOWN	OF DEATH		PITAL, NURSING HO		IER INSTITUTION	12a. USUAL C	CCUPATION OF WORKING LIFE)	(TYPE OF WOR	12b. K	IND OF BUR INDUST	SINESS
\$55EN	CI	inton			colade Dri				ar Sal			o Sa	
- 9 49	USUA	L RESIDENCE		ROTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADM	ISSION)					1224		
21201 ANY ANY ANY ANY EGG	13a S1	aryland	1 Pr C	eorge's	Clinton	4	13d INSIDE CITY LIMITS?	3209 A	ODRESS	o Driv	0 (20735	1
MD. 2 HH. IF, M. 3. O. 2. S		THER'S NAME		corge 3	OTTITEON		15. MOTHER'S MAID		ccorad	C DIIV	C (2	.0733	
E, MD. S1, 2, S1, 2, ND2S ND2S		FIRST		MIDDLE	LAST				MIDDLE			LAST	
EE DEA PAGE ORM I			. Pyles		Torrestore		Jean M.	Latimer		NESS.			
ON PAR IIM	(Y6	S, NO, OR UNKNO	D EVER IN U.S. ARA	MED FORCES? WAR OR DATES)	16b. SOCIAL SECU				ADDR				
BALTIMORE. S AFTER DEA' GIVE PAGES GIVE PAGES I AN MISION OF' MISION OF'	N)	N/A		217-48-00	086	Brenda C.	Pyles	- Same	As #	13 A	A-E	
W. W. C		18 CAUSE O	F DEATH (Enter onl	y ane cause per line	for (a), (b), and (c).)						RET	PPROXIMATE	INTERVAL
PRESTON ST. ITHIN 24 HOL I'LI IN ITEM 18 ALER ALCONG 19 ALER ALCONG 19 ALER HYGIENE, REMOVAL		PARTIDE	ATH WAS CAUSED	E CAUSE (a) Gt	inshot wou	nd of	the head						
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FEW SE	100		ns, if any, which										
W. W			se to immediate	(b)	AS A CONSEQUENC	E OE						-	
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BE BE	000	death result	ed fram: Natur	al causes	Accident	Suicide K	, Hamicide	Undetermin	ed manner				
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A H D D H H H		SIGNATURE.	Media	200 1. 100	argung	M	Deputy	MEDICAL	EXAMINER	DAT	NED 1/	2/198	33
SE S			//	- /	00								
A SWEEKS	100	(TYPE OR PRI	NAME Wugus	sto P. Roc	driguez, M	.D.	ADDRESS 5009 F	Rayburn	Ct., C	camp S	prin	gs, M	id.
TO MEDICAL EXAMINER: THE EXECUTE THE CERTIFICATE, TO FUNEAL DIRECTOR: PAFTER DEATH, WITH THE STABATIMORE, MARYLAND, 2	23a. Bl	IRIAL CREMA	TION, REMOVAL 2				OR CREMATORY	23d. LOCAT					
	Bur	ial	Janu	ary 5. 19	83 St. Ba	rnabas	Episcopal	ch. Ce	m. Ox	on Hil	1, N	lary1	and
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PLEASE DIFECTOR. VIR FILES. STREET,	Female	Caucasi an	July 23,				MIN. P	C DATE RONOUNCED DEAD	MONTH	8 198	
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FLAY IS TO THE SE FILE	Forestvi	lle	7219 Ear	PITAL, NURSING HOM CILITY GIVE STREET ADDRESS) 1 Dr.,		HER INSTITUTION	12a. USUA FOR MC	AL OCCUPATION (TY OST OF WORKING LIFE) OMEMAKET	PE OF WORK	OR IND	DE BUSINESS DUSTRY Home
F ANY D AND 31 RETAIN HOULD B	D.C. 200	13b COUNT		13c. CITY OR TOWN Washingto	· ·	13d INSIDE CITY LIMITS	13e. STREE	ol Quebec	Stre	et, N.	1999 W.
TIMORE, MD, 2120 FTER DEATH. IF AN FE PAGES 1, 2, ANG FE SAM PM, 3, RET FESAM PM, 3, RET FOR OF WITHERS	14. FATHER'S NAME FOR ST Dumitr	u Proto	MIDDLE POPESCU	Take	IY NO.	15. MOTHER'S MAI FIRST Ecate		ADDRES		chitop	ol
ON ST., BALTIMORE, 24 HOURS AFTER DEA ITEM 18. GIVE PAGES ITEM 18. GIVE PAGES ITEM 19.	(YES, NO, OR UNKN	OWN) (IF YES, GIVE W	/AR OR DATES)	579-64-2			enders	on, Same			# 13.
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DIVISION OF VITA THIS CERTIFICATE SHC, WRITING THE WORE WARDED TO THE CHI PAGE 3 SHOULD BE UITATE DEPARTMENT OF	UNDERLYIN	ING CAUSE OF D		MONTH DAY YEA	R	OW INJURY OCCUR	RED LENTER NA	ATURE OF INJURY IN ITEM 1	8 PART 1 OR P.	ART 2)	
DIVII E: THIS CEF TE, WRITIN RWARDECE I: PAGE 3 (STATE DE S, 21201 P	WHILE AT WORK	_ 1107111111		ORY, FARM, ETC.)		STREET		CITY OR TOWN	cc	YTMUC	STATE
TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE ST. BALLIMORE, MARYLAND, 2	220. I cer deoth resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	Augu	al couses A.	ribed above, held on Accident , Si	Autop	Hamicide TITLE (SPECIFY) Deputy	· Undeter	Inquiry X. o	DATE SIGN	ED 1/8	/1982 Md.
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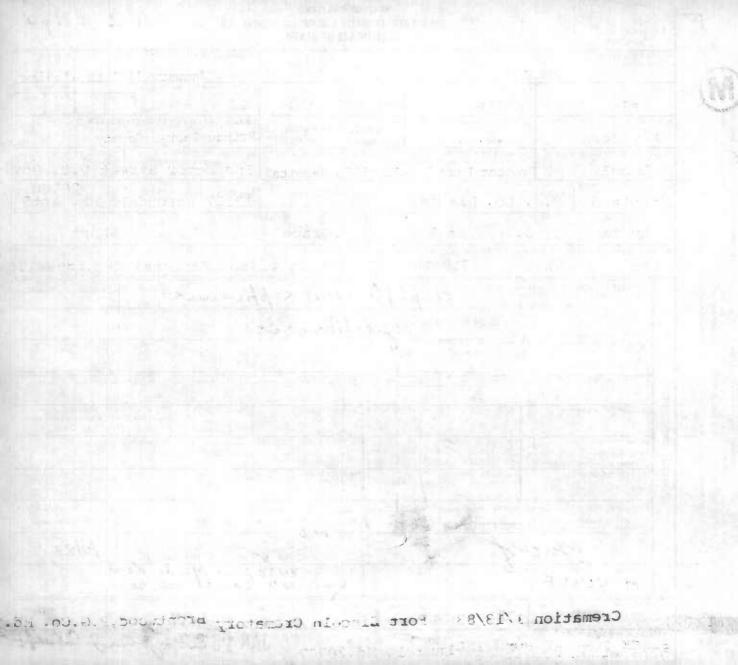
Saryland P. G. Hyactaville x w 4611 Herlington Road

W. M. Pantman 7 932 Univ. Blvd., F., B. S. Md.

Jan.5,1983

Takera Tunerel "Fore 254 Carroll St. No.

10	1.	FOR STATE			DEPARTA	ENT OF H	OF MARYLAND EALTH AND MENTAL HYG	IENE 8 3	0	2 4	9,5
	Ľ	REGISTRAR CEASED NAME	FIRST		MIDDLE		ICATE OF DEATH	REG. N 20. DATE OF DEATH		DAY YEAR	Tay HOUR
. 20		OR PRINT)			MIDDLE	,	M31	20. DATE OF DEATH	MONIN	DAT TEAR	26 HOUR
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(IVI)	3. SE			RACE		5. DATE C	- DAY _ YEAR .	6 AGE (IN YEARS LAST BIR	THDAY)	MONTHS DAYS	HOURS MIN.
Be II		Male		White		July	18°, 1914	68	YRS.		
rall 72 and		RTHPLACE (STATE OR FO	REIGN 76		WHAT COUNTRY?	MARRIEI	NEVER MARRIED	9 BALTIMORE CITY C	_		
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filled in ould be	13a.	AL RESIDENCE IN NURSING TATE Aryland	B COUNTY	1	Laurel		13d. INSIDE CITY LIMITS? YES NO X	13 127 La	rchda	ale Dr	20708 . Apt5
ely 2 sh	14. F/	THER'S NAME					15. MOTHER'S MAIDEN NA			7	
Complete and	1	Austin	Ĵ	•	Raub		Grace	WIDDLE		Shor	t
d col	16a \	VAS DECEASED EVER II	U.S. ARME	D FORCES?	166 SOCIAL SECU	RITY NO.	17. INFORMANT	ADDRE	SS		
physicion and ca npopers. Pages 1 moval. vent, the medical		YES, NO OR UNKNOWN)	"WWT'I	(AR OR DATES)	718-14-	9557	Gregory Wi	lson Pers	ona1	*	Jau eelly
n signed by the Then please rem ta burial, creme injury, ar ather t	NO	gove rise to immicouse (a), stating underlying couse PART 2 OTHER SIGN	the lost.	(c)	R AS A CONSEQUE		NOT RELATED TO THE TERM	inal disease or con	DITION GIV	VEN IN PART II	0,
has bee t permit. ene pria aws any	CERTIFICATION	19a. DATE OF OPERATI	ON	196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	20a AUTOPSY?	IN CERTI	S, WERE FINDING CAUSES	
Mental-transit		210. ACCIDENT WAS UNDE OR CONTRIBUTING CA (IF EITHER NOTIFY MEDICA	USE OF DEATH	216. TIME C HOUR A		Y YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18	PART 1 OR PART ?)	
nd M	MEDICAL	21d. INJURY OCCURRE			OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211. LOCATION STREET	CITY OR TO	wn	COUNTY	STATE
se as the		22a.1 certify that (1) () ottended th	ne deceased from_		, 19	, to		19	that (I) (we) los
for to find of H		sow the deceased above, (1) (we) (di	olive on	iew the hads	ofter death	, or	d that in (my) (our) opinion (death occurred on the d	ote and hou	or and from the	couses stated
NI DIRECTOR: etoched for us te Dept. of He		226. SIGNATURE	Jus	uf	Site geom.		ATTENDING PHYSICIAN	MEDICAL STAI	FIANT	22c DATE	SIGNED
TO FUNERAL should be derived with the Stote		22d. PHYSICIAN'S NK	UF.	RINT			220 ADDRESS 3450		de R	-	
0 % M		BURIAL, CREMATION, R	tion	23b. DATE 1/13/			emetery or crematory incoln Crematory	23d LOCATION CITY OR LOWN Bre	ntwo	county od P C	.Co. M
	24 F	INTERAL DIRECTOR					250 DZ#			TRAR'S SIGNAT	
- 16 50M 4/B2 /RA 15, 4)	F	LECK FUNE	RAL H	IOME,	NCLaure	1, M	d.20707	AN 13 1983	00	and	country



16	1	FOR					AARYLAND	HYCIENE	-		Th.	4
A.	1-	STATE REGISTRAR			DEPARTMENT O			OF DEATH	REG. NO	5 2 4	7	0
		CEASED NAME	FIRST		WIDDLE		LAST	Ze. DATE	KNOWN (_	YEAR	26 HOUR
OR. SEE.			Susan		E.		eames	OF DEATH	MATED [1-30	1983	M
RY, PLEASE DIRECTOR. R FILES. 7 HOURS STREET,	3. SE		nite May	17,1	943 39	YEARS IF UNHDAY) MONT		R 24 HRS. 2c. DAT MIN. PRONOL DEA	JNCED	-30	1983	335
Sept.	FC FC	IRTHPLACE (STATE OR DREIGN COUNTRY)		N OF WE	AT COUNTRY?	8. MARR WIDOV	NEVER MAR	RIED L	_	rcounty of		MD.
DELAY IS N TO THE H N PAGE 108, 201	10. C	per Marlb	THE OT	IN THEM FAS	PITAL, NURSING HO MIT GIVE STREET ADDRES Sherring to	51		FOR MOST OF WE	ORKING LIFE)	gist Dr	R INDUSTRY	INESS
ANY AND 3	13a. S	AL RESIDENCE (IF IN N STATE aryland	NURSING HOME OR OTHER INST	ITUTION, GIV	13c. CITY OR TOWN		13d. INSIDE CITY LIMITS? YES X NO	33800	Sherri	20772 ington	Court	
M 3.		ATHER'S NAME	WIDDIE		LAST		15. MOTHER'S MAIL FIRST		WIDDLE		LAST	
AN PAN PAN PAN PAN PAN PAN PAN PAN PAN P		ohn	A . ER IN U.S. ARMED FORC	FC2	Parkins	DITY NIC	Irene		ADDRESS	Ca.		
CONG WITH FOR PERMIT. PAGES 1	N	res. No, or unknown)	(IF YES, GIVE WAR OR DATE:		379-42-			ald V. Re		Address No# 13		e as
CATE, WRITING THE WORD "FENDING" IN PENCIL IN ITEM 18 FORWARDED TO THE CHEF MEDICAL EXAMINER ALONG Y BAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT PERMIT HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, IND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	NO	Conditions, if gave rise to couse (a) statin lying couse las	o immediate (ng the <u>under</u> -	c)	AS A CONSEQUENC		E OR CONDITION GIVEN IN I	PART 1 (o).				
WORD "PEN HE CHIEF ME DBE USED AS ENT OF HEAL	CERTIFICATION	19a. DATE OF OPER	RATION 19b	CONDIT	ION FOR WHICH OF	ERATION W	'AS PERFORMED?				AUTOPSY?	NO 🕝
TATE DEPARTMENT	MEDICAL CERT	214. INJURY OCCU	OR CAUSE OF DEATH 3	PLACE C	MONTH DAY YE	211 10	OMINJURY OCCURRING AND STREET STREET STREET	RED JENTER NATURE OF	OWN		hore for	STAN LIEB.
PAGE 4 SHOULD BE FORW TO FUNEAL DIRECTOR: N AFTER DEATH, WITH THE ST BALTIMORE, MARYLAND, 2		death resulted fro	of I took charge of the rea	moins des		Autop Suicide		Undetermined r	monner ,	d in my opinion DATE SIGNED	30	83
GECUTE THI AGE 4 SHC FUNERA FTER DEAT		EXAMINER'S NAME OF PRINTY	Augusto 1	0.6	odvian	02_	ADDRESS SO	g Ray pri	mel	Cp Sur	Aps,	no
BP	24. F	Buria UNERAL DIRECTOR			Cemet	ery		E REC'D. BY REGISTI	Marl bo	COUNTY P.G. STRAR'S SIGNA		yland
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Maryland 1.6. Upper Larlings v 11300 Sherrington Court

579-42-5111 Nr. Donald V. Honnes Not like

David Toron, 1, 1965, Thomas but Ch. Three Lathous P. C. Maryland

P. Gisen's Some L.S. . . . Syntheytille, St. P. C. . Springer St.

(M)		FOR STATE REGISTRAR CEASED NAME	FIRST		DEPARTA		EALTH AND MENTAL HYO ICATE OF DEATH	REG. I		DAY YEAR	2b. HOUR
2 do 0		OR PRINT)	, , , , ,	CARRO		RED	WINE	TO, DATE OF BEATT	01-1	3-83	5:25 PM
rs after	3. SE)	Male		4. RACE White	2	5. DATE C	5 15, 192 1 AR	6. AGE (IN YEARS LAST E	(RTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN,
the funeral dir. d within 72 hou iffed by the control of the cont		RTHPLACE (STATE ORF	OREIGN	76. CITIZEN OF	WHAT COUNTRY?	8. MARRIE WIDOWE	D NEVER MARRIED DIVORCED	9 BALTIMORE CITY PRINCE GEO		COUNTY	MD.
Morting and Miles		TY OR TOWN OF DEA	тн				AL HOSPITAL	TYPE OF WORK FOR MOST		E) 12b. ONDX INDUSTRY Telep	propusiness or phone Co.
Course be		TATE 20785	Prin	CE Geo.	GIVE RESIDENCE BEFORE ILL CITY OR TOW Cheverly	ADMISSION)	13d. INSIDE CITY LIMITS? YES 🔼 NO 🗌	13 SIRELI ADDRESS	Avenu	ie Z	.0785
100C	14, FA	THER'S NAME William	e la la	MIDDLE	Redwine		15. MOTHER'S MAIDEN NA	MIDDLE		Walke	ST.
		AS DECEASED EVER		MED FORCES?	166 SOCIAL SECU 410 22 79		17. INFORMANT Carolynn R.		imore,	Md. 2	1212
os seemir. Then please remostron, re- re prior to buriol, cremotion, or- vs ony injury, or other troumatic	CERTIFICATION	Conditions, if ony, gove rise to immacouse to la stotin underlying couse PART 2 OTHER SIGN 19a DATE OF OPERA	nediate g the lost.	CONDITIONS C	en +	NCE OF	NOT RELATED TO THE TEST	200 AUTOPSY?	20b. IF YES	S, WERE FINDI	INGS USED S OF DEATH?
	MEDICAL CERTI	21a. ACCIDENT WAS UND OR CONTRIBUTING (FEITHER, NOTIFY MEDI 21d. INJURY OCCUR!	AUSE OF DE	ATH HOUR A	OF INJURY .M. MONTH DA .M. OF INJURY	Y YEAR	21c. HOW INJURY OCCUP	YES NO RRED (ENTER NATURE OF IN		PART I OR PART 2)	NO [
se os the	MEI	WHILE NOT WE AT WO 220.1 certify that (1)	(this hosp	(AT HOME, ST	ne deceosed from	/_/	STREET , 19 and that in (my) (our) opinior	to, to	22		, that (I) (we) last
should be detached for us with the State Dept. of He IMPORTANT: If hem 21 is		sow the deceose abave, (1) (we) (s 22b. SIGNATURE		our	offer death.	1	DEGREE ATTENDING PHYSICIAN		AFF		14.83
ro FUNERAL should be det with the State MPORTANT:		OHAN	NE !	CA+	AKIA	~	5632 A	unapoli	Ro	lande	us to
- 0 > 7	230 E	urial, Cremation,	REMOVAL	236. DATE 1/17/8			emetery or Crematory incoln Cemete	CITY OF TOWN	rood I	G. M	aryland
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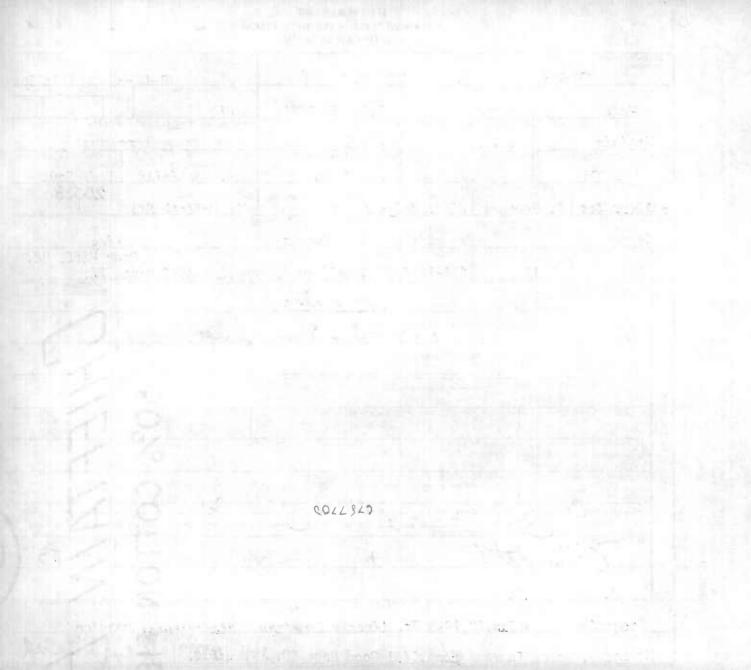
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		ale (ianJ	an. 2,	1983		AY) MONTH		HOURS HOURS	MIN.	PRONOL DEA	D D	1	2		983	7 HOU
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14	FA	THER'S NAME		MIDD	LE	ı	AST		15. MOTHER	R'S MAIDE	EN NAME		MIDDLE			LAS	T	
1		embrook				Richa	ardson		Ro	sa						Hay		
164	{YES	AS DECEASED, NO, OR UNKNOW NO 18. CAUSE OF	N) (IF YES, (GIVE WAR OR	DATES)	577-	68-817		Flore:		Farre	ııRt	e l Holl		1.45 M	L ary	land	
		gove rise		iote der-	DUE TO, OR (b) DUE TO, OR (c) BUTING TO DEATH 8	AS A CON	SEOUENCE	OF	OR CONDITION	GIVEN IN PA	RT E (a).							
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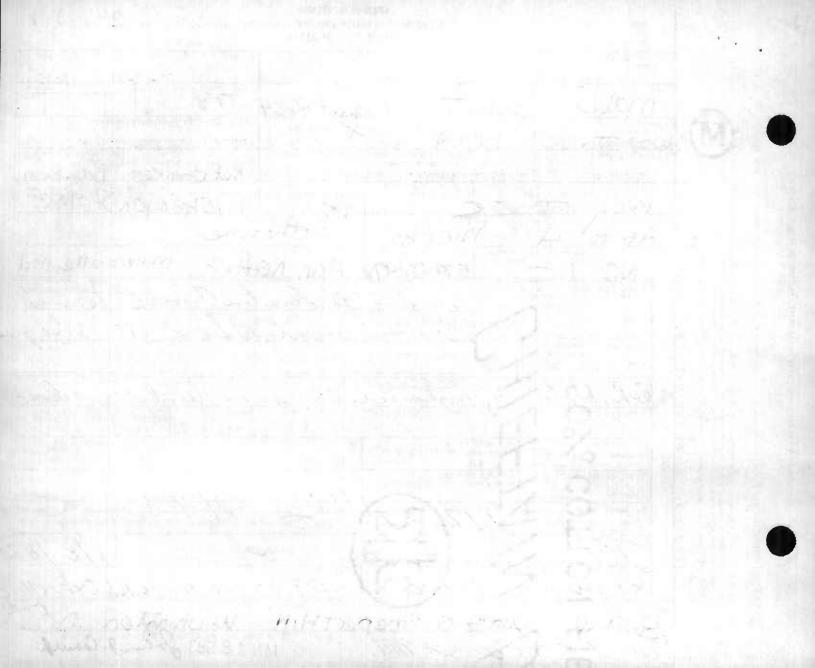
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1	1	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 3	0 2	2 5	0 0
1		CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY	YEAR 21	b HOUR
deod		JUELL	R. RI	CHARDSON	JAN	, 24 1	1983	.08P.M.
70	3. SE	X	4. RACE	5. DATE OF BIRTH	6. AGE IN YEARS LAST BIR		DER TYEAR #	F UNDER 24 HRS
-		Male	Caucasian	Feb. 25 1906	76	YRS.	, DAIS	MIN.
M)		South Carolina	76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DIVORCED	Prince	_		MD.
111/4		TY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET	NG HOME OR OTHER INSTITUTION ADDRESS) S GENERAL HOSPITAL	120. USUAL OCCUPATE (TYPE OF WORK FOR MOST OF		26. KIND OF E	BUSINESS OR rant
and Services	USU 130.	ALRESIDENCE (# NURSING HOME OR STATE 136 COUN ARY Land Princ ATHER'S NAME	OTHER INSTITUTION, GIVE RESIDENCE BEFOR	EADMISSION) /N 136. INSIDE CITY LIMITS?		idaigh.		20784
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ae /		no		-0337 Catherine			.,,,,	
emotion, or removol. er froumotic event, th		PART I. DEATH WAS CAUSE	ly one couse per line for (o), (b), or DBY: TE CAUSE (o) RESQUE DUE TO, OR AS A CONSEQUE (b) Congestion DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE	toy Failure ENCE OF Heart Fail	/we		APPROXIMA BETWEEN ONS	TE INTERVAL SET AND DEATH
injury, or oth	NOIL	PART 2 OTHER SIGNIFICANT C	CONDITIONS CONTRIBUTING TO Artery Des	CONTROL TO THE TERM	MINAL DISEASE OR CON	DITION GIVEN IN	N PART 110	
huo smo	CERTIFICATION	190 DATE OF OPERATION	196, CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY? YES NOW	206. IF YES, WE IN CERTIFYING YES	CAUSES OF	
them 18 sh	MEDICAL CER	210. ACCIDENT WAS UNDERLYING CORCONTRIBUTING CAUSE OF DEA	P.M.	19	RRED (ENTER NATURE OF INJUI	RY IN ITEM 18 PART 1 (OR PART 2)	
orked or	MED	216, INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, I	21f. LOCATION STREET	CITY OR TO	wn (COUNTY	STATE
m 21 is m	ď	270. I certify that (1) (this hosping sow the deceased alive on above, (1) (we) (did) (did no 22b. SIGNATURE)	tol) oftended the deceosed from	, and that in (our) opinion			from the cou	
ANT: # he		Jehn S	tember	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	F	22c. DATE SIC	GNED
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3 \$	23a. 1	BURIAL, CREMATION, REMOVAL SPECIFY)	Jan 27, 1983	NAME OF CEMETERY OR CREMATORY Ft. Lincoln Cem	23d. LOCATION CITY ORTOWN Brentwo	ood. Ma	unty lar	STATE
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1-		ron			STATE OF MARYLAND	G .	0 2 5 0	- 1
-	. ,	FOR STATE REGISTI	RAR	DEPAK	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	0 2 0	
	m s	1. DECEASED N	NAME FIRST	WIDDIE	LAST	20. DATE OF DEATH MO	TH DAY YEAR 2b. H	IOUR
y be	poge ,		WILLIAM		IECKS			45 pm
зе 4 то	or, po	3. SEX	de	4. RACE White	S. DATE OF BIRTH	6. AGE IN YEARS LAST BIRTHON	YRS. IF UNDER 1 YEAR IF UNDER	RS MIN.
deoth. Poge	(M)	7a. BIRTHPLAC	7.5	76. CITIZEN OF WHAT COUNTRY			OUNTY OF DEATH	445
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AND 2	Police Marie	13a. STATE	2001 MONE		YES NO 🗆	13. STREET ADDRESS	40 n St 998	2100
MARYL ed withi	To be	FATHER'S N	AME RST	MIDDLE RICLAST	15. MOTHER'S MAIDEN N	ame middle	LAST	
IMORE, e execut	Pages 1	160 WAS DECE (YES, NO OLL	ASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SEC	SILTS AN KY	eeffer P	Milersolle	md
BALTI	popers. novol.	PART	1 DEATH WAS CALLS	only one couse per line for ta), (b), of ED BY:	and (gr.)	+ Ame	AP ROXIMATE II	NTERVAL AND DEATH
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ZESTO deoth	ottend stion, roumo		ons, if ony, which	(b)	rem regali	il Lefis	UTI 3d	ops
1 W. Pr	by the cose rem	couse	(a), stating the ing cause last.	DUE TO, OR AS A CONSEQ	UENCE OF		W Till	
RDS, 20	Then ple to burio	- 1/1 /	OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDIT	ON GIVEN IN PART 110.	Desc
L RECOF	permit.	19a DATE	OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED		b. IF YES, WERE FINDINGS U I CERTIFYING CAUSES OF D YES \(\square\)	
OF VITA	inficote I-tronsit of Hygie		DENT WAS UNDERLYING [DAY YEAR 21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJURY IN	ITEM 18 PART I ORPART 2)	
0 0 0	burio A Ment	Y	R. NOTIFY MEDICAL EXAMINE JRY OCCURRED	P.M. 21e. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE	21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
DIVISION ING PHYS	os the lith and larked	AT WORK	NOT WHILE		1/62	1/2/8	3	
TTEND	for use of Heo 21 is m	sow	the declared plive o	pital) attended the deserged from		n death occurred on the date		s stoted
L OR ATTER	t DIRECTOCHED TO THE MEM	77h SIG		1.1	DEGREE	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGN	183
DSPITA ed by	TANT	276. PHY	SICIAN'S NAME (TYPE	OR PRINT)	220. ADDRESS	DIRECTOR PHYSICIAN	2/6-7	702
TO HO	534 80	/X Z	ELV//V	L 7//VC	NAME OF CEMETERY OR CREMATORY	23d LOCATION	CILL UXO	MHIC
7999BF	9	JOECHA) A	Date	Jan 12,83 1	marged Hill	May or to the	Jan D	CJATE " Z
DHMH	16 50M 4/82	Ze MUNERAL D	IRECTOR 1	1/3	10-1	ATE REC'D, BY REGISTRAR (N	RULISTRAR'S SIGNATURE	1



8	FOR STATE REGISTR				
ACC STREET	1 DECEASED N				

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

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	REGISTRAR		CERTI	ICAIL OF DEATH	REG. N	10.			
	1. DECEASED NAME FIRST WILL!	M WOODY	January 23, 1983						
	3. SEX MALE	4. RACE WHITE		of BIRTH 5, DT904 YEAR	6. AGE (IN YEARS LAST BIR	YRS.	THE DAYS HOURS M	RS IIN.	
3	70. BIRTHPLACE (STATE OR FOREIGN VITGINIA	76 CITIZEN OF WHAT CO	OUNTRY? 8 MARRIE WIDOW	ED NEVER MARRIED DIVORCED	9 BALTIMORE CITY C	OR COUNTY OF	DEATH	MD.	
2	Brentwood	11. NAME OF HOSPITAL GENOTIN SUCH ACILITY OF THE STREET	n Road	OR OTHER INSTITUTION	12a USUAL OCCUPAT TYPE OF WORK FOR MOST OF Photo Engi	ON DEWORKING LIFE) CAVET	Industry		
5		VITY 13t CITY	OR TOWN TWOOD	13d INSIDE CITY LIMITS? YES TO DO D	13e STREET ADDRESS 3709 Wind	iom Road	20722		
C		MIDDLE Robe		Sadie	MIDDLE		gory		
MEDICAL CERTIFICATION	160 WAS DECEASED EVER IN U.S. AR	A WAR OR DATES	07 6779	Helen G. Rob	berts Same as #13 (Wife)				
	PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (0) Congestive Heart Failure and								
	190 DATE OF OPERATION	196 CONDITION FOR	N WAS PERFORMED	20a AUTOPSY?	206. IF YES, W IN CERTIFYIN YES	206. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO NO			
	HOUR AM MONTH DAY VEAR								
	230 BURIAL, CREMATION, REMOVAL BUFFLAY	236 DATE 1/25/83		EMETERY OR CREMATORY	23d LOCATION	cc	DUNTY STATE		

DHMH - 16 50M 1/81 (VRA 15, 4)

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TO FUNERAL DIRECTOR. After should be detached for use as with the State Dept. of Health

IMPORTANT: If Item 21 is

"Francis Gasch's Sons Funeral Dome, P.A.

Hyattsville, Maryland

OR ATTENDING PHYSICIAN: The low

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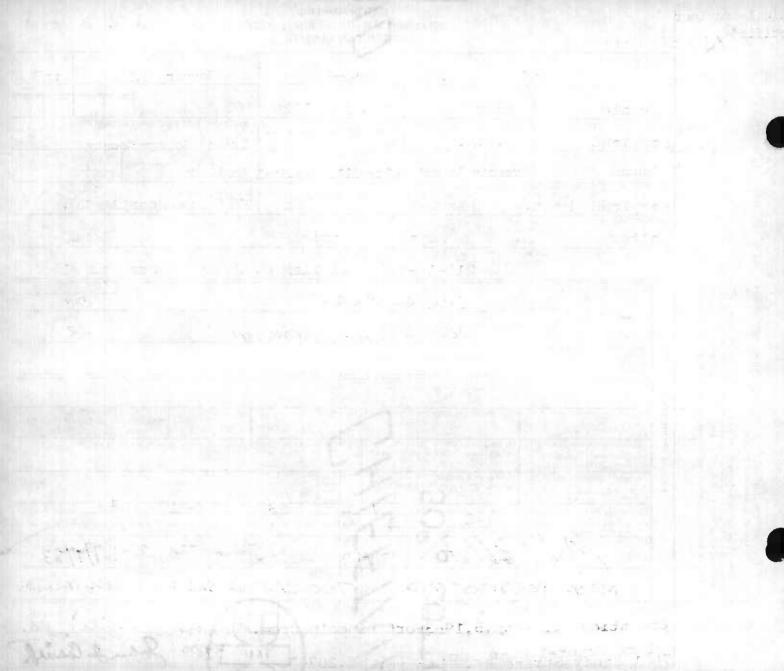
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Medical Examiner Notified Notified REGISTRAR				STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 3 0 2 5 0 3 (CERTIFICATE OF DEATH REG. NO.							
	1. DECEAS	ED NAME	FIRST		WIDDLE	L	AST	20. DATE OF DEATH		YEAR	2b. HOUR
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£ 0, 5	3. SEX			4. RACE		5. DATE C		6. AGE IN YEARS LAST	BIRTHDAY) IF	UNDER I YEAR	IF UNDER 24 HRS HOURS MIN.
ge 4	Fer	nale		White	2	Mar		62	YRS	DAIS	MIN.
h. Page al direct	Ja. BIRTHP	LACE STATE OF F	OREIGN I	b. CITIZEN OF	WHAT COUNTRY?	8 MARRIE	NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY O	FDEATH	
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offer of with	Lau	r town of dea rel		Greate:	r Laurel	Belts	ville Hospit	120. USUAL OCCUPATION OF WORK FOR MOST		126. KIÑD O INDUSTRY Bank	F BUSINESS OR
ND 21:			Mont		GIVE RESIDENCE BEFORE ADMISSION) 13c. CITY OR TOWN Laurel		134. INSIDE CITY LIMITS		s eencast	astle Rd.	
within within days the days the days should be	14. FATHE	S'S NAME		NDDLE	LAST	3 13	15. MOTHER'S MAIDEN	NAME		1.45	
complete or not some of examples or some of examples or some o	Walt			Ľ.	Brya	n	Clarice	MIDDLE		Bono	É
		DECEASED EVER I		AED FORCES?	166. SOCIAL SECU		17. INFORMANT	ADI	DRESS		- E-4
BALTIMORE, cote be executioned copers. Pages 1 you.	No	OK GIAKILOWIA,	(# 125. OTT	- CREATES	212-14-	5908	William	O. Robey	Same	as a	#13
ECORDS, 201 W. PRESTON ST., BA aw requires that the death certificat been signed by the attending physis mit. Then please remove carbanpap prior to burial, cremation, ar remova ony injury, or ather traumatic event, it	PAR	nditions, if any, ve rise to immuse (a), stating derlying cause	which pediate g the last.	DUE TO, CO	OR AS A CONSEQUE OR AS A CONSEQUE ONTRIBUTING TO E	NCE OF NCE OF	R REST RDIAL INFAR NOT RELATED TO THE TI	CTT QV ERMINAL DISEASE OR CC	ONDITION GIVEN		ζ
L REG	TIFIC							YES T NOT	IN CERTIFYI	NG CAUSES	
DIVISION OF VITAL RECORDS, NG PHYSICIAN: The low requir oftending physician. Ifter this certificate has been sig os the burial-transit permit. Then th and Mental Hygiene prior to b orked or Item 18 shows any injury	00.4	ACCIDENT WAS UND	AUSE OF DE AT	п	DF INJURY .M. MONTH DA	Y YEAR	21c. HOW INJURY OCC	URRED (ENTER NATURE OF IT			
DIVISION DING PHYS or attendin After this c is as the bur oith and Me	WEDICAL WHE	INJURY OCCURR	LE 🗍	21e PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	TH LOCATION STREET	CITY OR	ITOWN	COUNTY	STATE
DR ATTENDI hospital or URECTOR: A thed for use lept. of Heal Item 21 is m		I certify that (I) saw the decease above, (I) (we) of SIGNATURE	d alive an_	1-			DEGREE	an death accurred on the			
TTAL by the by the State CNT: I	1774	PHYSICIAN'S NA	Mh (with	/	1, D. ATTENDING PHYSICIAN	MEDICAL S	SICIAN	1/4	183
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	(SPECI	L, CREMATION, I	REMOVAL	23b. DATE			EMETERY OR CREMATO	CITY OR TOWN		COUNTY	STATE
BP	Cre	nation		Jan.	1983Fo	rt L	incoln Çre	m. Brentw		G.Co	
DHMH - 16 50M 4/82 (VRA 15, 4)		Sandy	ral Spr	Home	Inc.		Md 20707	JAM 51983		AR'S SIGNAT	swelf :



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO . DECEASED NAME OF ESTI- XX YEAR 76 HOUR (TYPE OR PRINT) DEATH MATED -26-83 19 RUNGFARSANGROOM 3 SEX 4 RACE DATE 2d. HOUR LAST BIRTHDAY PRONOUNCED 8:40/ 1-26-83 Male Thai 12 1983 O DEAD VPC TO BIRTHPLACE (STATE OR 7b. CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY Maryland USA Prince George's County WIDOWED DIVORCED IS 1, 2, AND 3 TO THE FU PM 3. RETAIN PAGE 5 ND 2 SHOULD BE FILED VITAL RECORDS, 201 W IB CITY OR TOWN OF DEATH 20. USUAL OCCUPATION (TYPE OF WORK 112b, KIND OF BUSINESS. Southern Marvland Hospital FOR MOST OF WORKING LIFE! OR INDUSTRY Clinton none none JSUAL RESIDENCE LIEIN NUMBER Md 816 E. Tantallen Dr. 20744 George 13d. INSIDE CITY LIMITS? YES T PAGES 1 AND 2 S. DIVISION OF VITE 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST LAST Beonlert Rungfarsangroom Wanida Burrow 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO. ADDRESS (YES, NO. OR UNKNOWN) LIF YES, GIVE WAR OF DATES Boonlert Rungfarsangroom no hone same as CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG W OR: SAGE 3 SHOULD BE USED SA B UBICAL: TRANSIT PREMIT, THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGENE, D IND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) Sudden infant death syndrome DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO GEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (n) CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? **DIVISION OF VITAL** YESK W NO [21a EXTERNAL CAUSE WAS 21b. TIME OF INHURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 38 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M WRITING 21e PLACE OF INJURY (AT HOME 21d. INJURY OCCURRED 211 LOCATION STREET, FACTORY, FARM, ETC.) STREET WHILE NOT WHILE CITY OR TOWN COUNTY STATE AT WORK AT WORK EXECUTE THE CERTIFICATE, N PAGE 4 SHOULD BE FORW, TO FUNERAL DIRECTOR: PA AFTER DEATH, WITH THE SIT BALTIMORE, MARYLAND, 2' 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinian Natural causes Hamicide Undetermined manner TITLE (SPECIFY) 1-26-83 SIGNATURE EXAMINER'S NAME Penn STreet 230 BURIAL, CREMATION, REMOVAL THE DATE 23d. LOCATION 23r. NAME OF CEMETERY OR CREMATOR COUNTY STATE Cremation 1/28/83 Cedar Hill Crematery Md. Suitland BP 24. FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR AND REGISTRAR'S SIGNATURE **DHMH - 17** G.P. Kalas 6160 Oxon Hill Rd. Oxon Hill. Md. (VR A15 ME (5)) 20M 4/B2

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F. Gasch's Sons F.H. P.A. Hyattsville, Maryland

STATE OF MARYLAND

FOR

DIVISION OF VITAL RECORDS,

DHMH - 16 50M 4/82

(VRA 15, 4)



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	SHWE SO		TY OR TOWN OF D				NG HOME, OR OTH	ER INSTITUTION	12a. USUAL OCCUPATION		OR INDUSTRY
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			aryland	IPT G	eorge	Fores	stville	YES X NO [Joa Cour	C
¥ o	THAT	14 F/	THER'S NAME		MIDDLE	LAS	т	15. MOTHER'S MAID FIRST	EN NAME MIDDLE		LAST
m,	AND SESTI		William	1 1	Arthur		John	Laur		Belan	iger
WO	F PAGE FORM ON OF	16a. V	VAS DECEASED EVI	R IN U.S. ARM	NED FORCES?	166 SOCIA	L SECURITY NO.	17. INFORMANT	ADDR	ESS	
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EST	THIN 24 JER ALOI ANSIT PEI AL HYGIE REMOVA		Canditians, if	Tony which	DUE 10, OF	AS A CONSE	OUENCE OF	U			
2			gave rise to	a immediate	(b)						
3	- NO		cause (a) stati		DUE TO, OR	AS A CONSE	OUENCE OF				
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST.,	BE EXECUTEI VDING" IN I EDICAL EXA S A BURIAL ITH AND M REMATION,		PART 2 OTHER SIGNIFIC	ANT CONDITIONS C	ONTRIBUTING TO GEATH	BUT NOT RELATED	TO THE TERMINAL OISEAS	E OR CONDITION GIVEN IN P	ART 1 ia		
Ö	BE EXE ENDING MEDICA AS A BU SALTH AI CREMA	Z									
E	DES ARO	CERTIFICATION	19a. DATE OF OPE	RATION	19h CONDI	TION FOR WI	HICH OPERATION W	AS PERFORMED?	754 1 18 H 7 18	20	AUTOPSY?
3		문			- 1						WES D WE FOR
>	CERTIFICATE SHO DITING THE WORD DED TO THE CHIE E 3 SHOULD BE US COPPARTMENT OF	E	21a EXTERNAL CA	LISEWAS	21b TIME	C-IN II IDV	121, H	OW INTITIES OCCURE	ED LENTER NATURE OF INJURY IN ITE	11 10 DADT 1 OD 0 ADT 21	YES NO P
Ö	조하는 라 및 보다 등 전 등 시 등 기 등 기 등 기 등 기 등 기 등 기 등 기 등 기 등 기	2	UNDERLYING T	100	HOUR	MONTH D	AY YEAR	11 11		WIDPARTI ORPART 2)	
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<u> </u>	ROER RDED RDED SE 3 S FO PR	MEDICAL	21d. INJURY OCCU		STREET, PACE	TORY, FARM, ETC.)	AT ROWE 711. LO	CATION	CILY OR TOWN	COUNTY	STATE
۵	S R R O E S	1		WORK			177	al fano	Joed Court, Fi	Nestrelle.	M. Georges
	S. S. E.	1	22-1-16-19	Aland drawn	f ab	and hard at an a	held an Autap		an D. Inquiry D.	and in my opinion	.20748
	E CERTIFICATE SULD BE FOR L DIRECTOR: H, WITH THE S MARYLAND,				e of the remains de					and in my-opinion	- 70
	ME SEC		death resulted fro	am: Naturo	al causes 🔲 ,	Accident L	, Suicide		Undetermined manner		
	3 995€×§		ACTUAL	Aug.	4 XX) da	ta .	Deputy		DATE #	-22-83
	¥\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		SIGNATURE	1.orgus	10/1/4	- July C	N. N.	D. Depacy	MEDICAL EXAMINER	DATE /	22 00
	NE SA S		EY AMINER'S NAM	AE (/		/		5000 B		0	N. 1
	A SHEET WAS A		(TYPE OR PRINT)	Augus	sto P. Ro				ayburn Ct., Ca	imp Spring	gs, Ma.
	TO MEDICAL EXAMINER EXECUTE THE CERTIFICAT PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR AFTER DEATH, WITH THE BALTIMORE, MARYLAND	23a.B	URIAL, CREMATION	REMOVAL 23	b DATE		ME OF CEMETERY C		23d LOCATION	COUNTY	STATE
	BP		Burial	2	5Jan198	3 Ma:	ryland V	et. Ceme	tery Chelt	enham	Md.
	DHMH - 17	24. F	UNERAL ROSE	ct E.	Wilhelm	Cont	tland M	250. DATE	REC'D. BY REGISTRAR 256 AN 2 6 1983	GISTRAR'S SIGNA	TURE
	(VR A15 ME (5))				me Inc	Sul	tland, M	u.	AN 2 6 1983	ound l	shelf
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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

REG. N	10			
DEATH	MONTH	DAY	YEAR	2b. HOUR

1 -	FOR STATE REGISTRAR	DEPART	CERTIF	ICATE OF DEATH	REG. N	10.		
	CEASED NAME FIRST	MIDDLE		AST	28 DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR
SITPE	LILL]	IAN	SANDE	RS		01-1	0-83	12:30
3. SE)		4. RACE	5. DATE O		6. AGE (IN YEARS LAST BI	RTHDAY)	IF UNDER 1 YEA	
	FEMALE	BLACK	момтн	°20 °66	76	YRS	MONTHS DAYS	HOURS M
	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8.	D NEVER MARRIED	9. BALTIMORE CITY	OR COUNT	Y OF DEATH	
	N. C.	U. S. A.	WIDOWE		PRINCE GE	FORCE	S COUNT	Y
10. CI	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME O		120 USUAL OCCUPAT	ION	126. KIND	OF BUSINESS
	CHEVERLY	(IF NOT IN SUCH FACILITY, GIVE STREET		AL LINCE	HOUSEWIFE	OF WORKING	LIFE) INDUSTR	Y
UsU/	AL RESIDENCE (IF NURSING HOME	PRINCE GEORGE'S	RE ADMISSION)				1111	1.1)
	MADVI AND				13e STREET ADDRESS	ATTE	0000	
	MARYLAND PRIN	NCE GEO. SEAT PLE	ASANI	YES NO 15. MOTHER'S MAIDEN NAM	703 65th	AVE.		
	FIRST	MIDDLE EAST		FIRST	WIDDIE		ŧ	AST
-	SAMUEL AUSTIN	ura ranctes Tuli encourage	UDITY NO		A JOHNSON	ESS		
	VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166. SOCIAL SECTIVE WAR OR DATES)	URITY NO.	17. INFORMANT				
	NO	246 62	0961	GERALDINE BO	OKER (SA	AME A	S ABOVE	
	18 CAUSE OF DEATH (Enter of PART I, DEATH WAS CAUSE	nly one couse per line for (o), (b), or	nd (c).	. 0			BETWEE	NIMATE INTERVAL
	Conditions, if ony, which	(1b) (2) (aide	iognie Shor	L			
7	gove rise to immediate couse (a), stating the underlying couse last.	(b) Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q Q	JENCE OF	<i>y</i>		NDITION G	IVEN IN PART	110
FICATION	gove rise to immediate couse (a), stating the underlying couse last.	(c)	DEATH BUT	NOT RELATED TO THE TERM	IN AL DISEASE OR CON	20b. IF Y	ES, WERE FINE	DINGS USED ES OF DEATH?
ERTIFICATION	gove rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT 199 DATE OF OPERATION	CONDITIONS CONTRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON 208. AUTOPSY? YES \(\text{NO} \)	20b. IF Y	ES, WERE FINE FIFYING CAUSI YES	DINGS USED ES OF DEATH? NO
L CERTIFICATION	gove rise to immediate couse (a), stofting the underlying couse lost. PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH	DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CON 208. AUTOPSY? YES \(\text{NO} \)	20b. IF Y	ES, WERE FINE FIFYING CAUSI YES	DINGS USED ES OF DEATH? NO
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DE LIERT, NOTIFY MEDICAL EXAMINE	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M.	DEATH BUT	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI	INAL DISEASE OR CON 208. AUTOPSY? YES \(\text{NO} \)	20b. IF Y	ES, WERE FINE FIFYING CAUSI YES	DINGS USED ES OF DEATH? NO
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	gove rise to immediate couse (a), stofting the underlying couse lost. PART 2. OTHER SIGNIFICANT 19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK NOTIFY THE AT WORK NOTIFY THE AT WORK 22a. I certify that (1) (this hosp	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DEATH BUT H OPERATION DAY YEAR 19 FARM-ETC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET	208. AUTOPSY? YES NO RED (ENTER NATURE OF INJURY)	20b. IF Y IN CERT	ES, WERE FIND IFYING CAUSI YES PART 1 OR PART 2 COUNTY	DINGS USED ES OF DEATH? NO ()
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK AT WORK Sow the deceased olive of some country of the deceased olive of sow the deceased olive of some country of the deceased olive of the underlying the underlyin	19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET	208. AUTOPSY? YES NO RED (ENTER NATURE OF INJURY)	20b. IF Y IN CERT	ES, WERE FIND IFYING CAUSI YES ONE OF THE PROPERTY COUNTY 19 3 our and from the	SIAT
	gove rise to immediate couse (a), stating the underlying couse lost. PART 2. OTHER SIGNIFICANT 190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL EXAMINE AT WORK NOT WHILE AT WORK AT WORK Sow the deceased olive of some country of the deceased olive of sow the deceased olive of some country of the deceased olive of the underlying the underlyin	(c)	DEATH BUT H OPERATION DAY YEAR 19 FARM. EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI 21f. LOCATION STREET 19 10 that in (my) (our) opinion DEGREE ATTENDING	208. AUTOPSY? YES NO RED (ENTER NATURE OF INJURY)	20b. IF Y IN CERT	ES, WERE FIND IFYING CAUSI YES PART 1 OR PART 2 COUNTY 19 222. DA	DINGS USED ES OF DEATH? NO ()
	gove rise to immediate couse (o), stofting the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE CIFETIHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINE AT WORK 220. I certify that (1) (this hosp sow the deceased alive or obove, (1) (we) (did) (did in	(c) CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE (tol) oftended the deceosed from, 19 or) view the body often deoth.	DEATH BUT H OPERATION DAY YEAR 19 FARM. EIC)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCURI 21f. LOCATION STREET 19 10 that in (my) (our) opinion DEGREE ATTENDING	208. AUTOPSY? YES NO CITY OR TO CITY OR TO death occurred on the of DIRECTOR PHYSIC	20b. IF Y IN CERT	ES, WERE FIND IFYING CAUSI YES PART 1 OR PART 2 COUNTY 19 222. DA	STATI
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WEDICAL MEDICAL	gove rise to immediate couse (a), stofting the underlying couse lost. PART 2. OTHER SIGNIFICANT 190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE LIFE ETHER, NOTIFY MEDICAL EXAMINE 210. INJURY OCCURRED AT WORK NOTIFY MEDICAL EXAMINE 220. I certify that (I) (this hosp sow the deceosed alive or obove, (I) (we) (did) (did not 22b. SIGNATURE) 220. PHYSICIAN'S NAME (TYPE)	CONDITIONS CONTRIBUTING TO 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE 11ol) oftended the deceosed from 19 11 view the body oftendeoth. OR PRINT) NANDEZ, M.D. 23b. DATE 23c.	DEATH BUT H OPERATION DAY YEAR 19 FARM. ETC.)	NOT RELATED TO THE TERM N WAS PERFORMED 21c. HOW INJURY OCCUR! 21f. LOCATION STREET 19 4 3 nd that in (my) (our) opinion DEGREE ATTENDING PHYSICIAN [1] 22c. ADDRESS PGGH/MC CHE	208. AUTOPSY? YES NO CITY OR TO CITY OR TO MEDICAL STA DIRECTOR PHYSI VERLY, MD.	20b. IF Y IN CERT	ES, WERE FIND IFYING CAUSI YES PART 1 OR PART 2 COUNTY 19 222. DA	STAT

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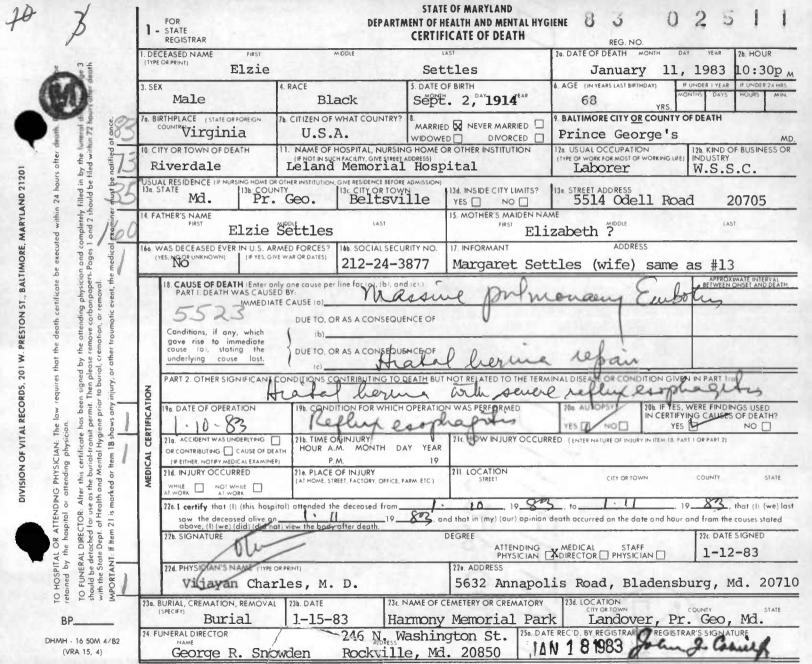
STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE REGISTRAR REG. NO DECEASED NAME 20. DATE KNOWN (TYPE OR PRINT) ESTI-DEATH MATED -28-839 SAVOY 2d. HOUR IF UNDER 24 HRS DATE LAST BIRTHDAY MONTHS PRONOUNCED 1-28-83,0 11:20 Male Black 10/15/1943 DEAD TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's County Washington D.(DIVORCED 10. CITY OR TOWN OF DEATH 126. KIND OF BUSINESS GIVE PAGES 1, 2, AND 3 TO THE FITH FORM PM 3. RETAIN PAGE 9
PAGES 1, AND 2 SHOULD BE FILED, IVISION OFWITAL RECORDS, 201 W 12a USUAL OCCUPATION (TYPE OF WORK IT. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION Tland Pkwy nr. Southern Avenue Hillcrest Hats. Military .M.l Navy USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. COUNTY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13901 Brandywine YES X Old Indian Head Rd Maryland P.G 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE Proctor V. Savoy Mary Bernard 17. INFORMANT ADDRESS 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) 217-44-8797 Active Duty Mary V. Savoy S/A Yes ALONG WI CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I DEATH WAS CAUSED BY HIEF MEDICAL EXAMINER ALONG USED AS A BURIAL - TRANSIT PERMI OF HEALTH AND MENTAL HYGIENE, IRIAL, CREMATION, OR REMOVAL. IMMEDIATE CAUSE (O) Multiple injuries DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (0) CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? EXECUTE THE CERTIFICATE, WRITING THE WORD."P PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNEAL DIRECTOR, PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, YES XX 210. EXTERNAL CAUSE WAS **BIDIDIFO**KINJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING XX OR CONTRIBUTING CAUSE OF DEATH driver of motorcycle impacting rear of an 21f. LOCATION 21d INJURY OCCURRED 21e PLACE OF INJURY (AT HOME, DKWY SuiTtand Pkwy. HilTcrest Hgts., oMaryland AT WORK AT WORK XX Autopsy XX 220. I certify that I took charge of the remains described above, held an and in my opinion Accident XX Naurol couses Undetermined monner ACTUAL DATE SIGNED 1-29-83 Assistant SIGNATURE MEDICAL EXAMINER EXAMINER'S NAME Penn Street Margarita A. Korell, M.D. ADDRESS (TYPE OR PRINT) 23d LOCATION
CITY OR TOWN
Cheltenham 23c. NAME OF CEMETERY OR CREMATORY 230 BURIAL, CREMATION, REMOVAL 236. DATE COUNTY STATE 2/4/83 Burial Veterans Cem P.G Md BP. 250. DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR **DHMH** - 17 FEB 1983 Martell Adams Aquasco Md 20608 (VR A15 ME (5) 20M 4/82

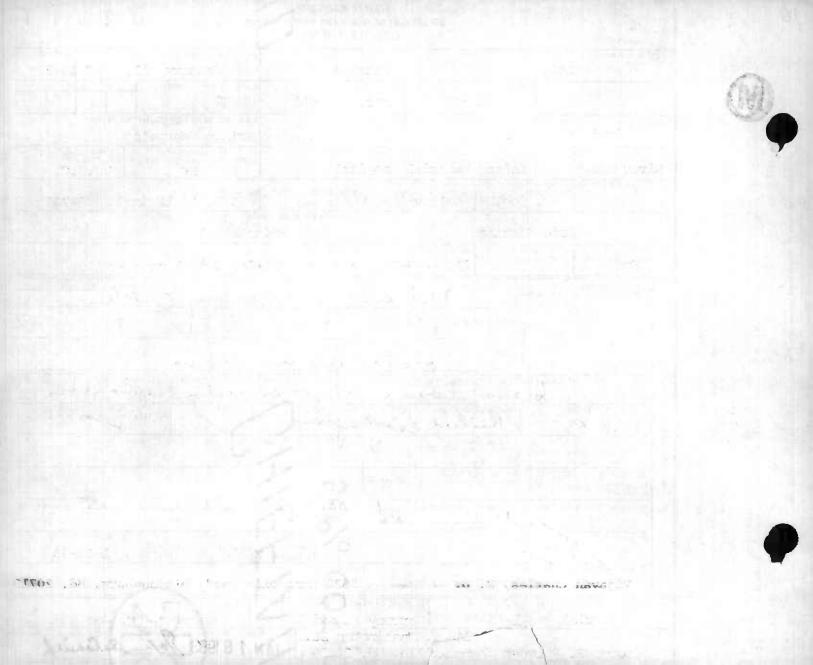
be paul naibal bi 10021 x saturbased 0. busines moundail .7 (is) - Active tate 217- - Ty may W. Mayor J. regal PANA I reperans ten bil 0.1 mennesiani

Notes to communicate Line of Line of

STATE OF MARYLAND

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		FOR	0.004	STATE OF MAKTLAND	voient at 5 M	2 5 2
	1.	STATE REGISTRAR	DEPAI	CERTIFICATE OF DEATH	REG. NO.	6.0
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
	TYP	E OR PRINT)	NETTE B.	SEWALL	01-	19-83 11:45
	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HR
1		Female	Black	May 26, 1922	60 YRS	MONTHS DAYS HOURS MIN
130		IRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTR	Y? 8. MARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNT	Y OF DEATH
25		7irginia	USA	WIDOWED DIVORCED	I DOTLICE CEADCE I	S COUNTY ,
10		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NUR (IF NOT IN SUCH FACILITY, GIVE STR NURS ING CARE C		120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LE Clerk	12b. KIND OF BUSINESS O INDUSTRY
37	USU 13a	" "		ORE ADMISSION) DWN 13d. INSIDE CITY LIMITS?	13. STREET ADDRESS 6018 Riggs 1	20783
	14.5		Iyattsville	YES NO		Road
00	14. F	Robert Boyo	MIDDLE LAST	15. MOTHER'S MAIDEN N	Fish e r	LAST
		VAS DECEASED EVER IN U.S. A YES, NO OR UNKNOWN) (1F YES, G	ME WAR OR DATES	CURITY NO. 17 INFORMANT 6018 44262 Marnette	8 Riggs Rosd-Hy Jackson-Friend	yattsville, Maryland
		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	inly one cause per line for (a), (b),		1/0-1-0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			ATE CAUSE (o)	INBU	101011+	48 Hms
		7300	DUE TO, OR AS A CONSEC	OUENCE OF	1/1010/	- unc
		Canditians, if any, which gave rise to immediate	(b)	EKIEBNATE R	1010119	5 Yns
		cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEC	NUPTONO COMB	As ron Ansungr	n 54ns
	7	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	O DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION GI	VEN IN PART 1(a
700	Ö		SETLUNG	DISMOURE		
9	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHI	CH OPERATION WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH? ES NO
$\frac{1}{G}$		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		DAY YEAR 21c. HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
	CAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	R) P.M.	19		
	MEDICAL	21d. IN JURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE	E, FARM, EIC)	CITY OR TOWN	COUNTY STATE
		sow the deceased alive a	n 19 19 19 at view the body after death.	83, and that in (my) (aur) apinio	n death occurred on the date and ho	19 <u>83</u> , that (I) (we) lo ur and fram the causes stated
IMPORTANT: If Item		22b. SIGNATURE Mul	4 meall	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
1		22d. PHYSICIAN'S NAME (TYPE	OR PRINT)	?2e ADDRESS		
		NEIL A. M	ADE M.D.	6501 LAND	OVER RD. CHEVERL	Y MD. 20785
		BURIAL, CREMATION, REMOVA	L 23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d LOCATION	- FONN'Y - D CYATE
		Cremation //	Jan. 22/ 19	83 Lee's Crema		
B2		JNERAL DIRECTOR	my / selly	rau 1/1 250. p.	TE REC'D. BY REGISTRAR 256. RES	TRAR'S SIGNATURE
-	S	tewart Funer	al Mome-4001	Benning Road NE	TAN 2 8 1983	lun In Coli

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6			REGISTRAR		ME	DICAL	EXAMIN	ER'S C	ERTIFIC	CATEC	F DEAT	H	REG. N	0.			
11	(M)		CEASED NAM	E FIRST		WIDDIE			LAST		20	DATE KI	NOWN [MONTH	DAY	YEAR	76 HOUR
U	10	(111	-E OR PRINTS	Richa	rd .	Thoma	c	(herry	. Sr		OF DEATH A	AATED		23	1983	
1	RESTREET	3. SE	X	4. RACE	5. DATE OF BIRTH		6. AGE (IN YE	ARS IF UN		IF UNDER		DATE		MONTH	DAY	YEAR	2d HOUR
	N ST S			7.73 1	MONTH DAY	3 3 6	LAST BIRTHO	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	S DAYS	Hours	MIN. PR	ONOUNC	ED	-	0.7	0.7	5:45F
	AND		ale	White	Sept 18		46YI	RS.				BALTIMO	DE CITY (OR COUNT	23	1983	
	HRSERT.	FC	PREIGN COUNTRY)			AT COU	VIKT:		ED X NE		IED 📋					FAIR	
	AND WAY			D. C.	USA			WIDOW		DIVORC	ED LIP	rince	Geo	rge's	Cou	inty.	MD
	おおいまる	10. C	ITY OR TOWN	OF DEATH	11. NAME OF HOS	CILITY, GIVE S	RSING HOME TREET ADDRESS)	, OR OTH	ER INSTITUT	TION	12a USUA FOR MO	L OCCUPA	TION (TYP	PE OF WORK	17b KIN	ID OF BU	SINESS
	PA P		Capitol		1307 L	archm	ont Av	enue			Mai	nten	ance	2	US	Gov	t
5	URS AFTER DEATH, IF ANY DELAY IS NECESSARY PAGES 1, 2, AND 3 TO THE FUNERAL DIRECT WITH FORM PAGE 5 FOR YOUR TIP PAGES I AND 2 SHOULD BE FILED, WITHIN 77 HOUR DIVISION OF VITAL RECORDS, 201 W. PRESTON STREET		AL RESIDENCE	(IF IN NURSING HOME (OR OTHER INSTITUTION, GI	VE RESIDENCE	OR TOWN	ON)	13d INSIDE CI	TV HAUTCO	13e STREE					2	0747
21201	A PROPERTY		Md.		G	Cap	. Hats		YES	NO [1307			nt A	TTON		0,1,
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	A S C A S C	aint.	EXAMINER'S	NAME Th	omas D. Sr	nith	M D			111	Penn	ST	Ral	to.,	MD		
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD EXECUTE THE CERTIFICATE, WRITING THE WORD "PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED BATTER DEATH, WITH THE STATE DEPARTMENT OF HE BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL,	77- D	(TYPE OR PRI	TION, REMOVAL			NAME OF CE		ADDRESS_		23d. LOC		Dul	10.,			
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	(VR A15 ME (5)) 20M 4/82			al Home		Sui	tland	. Md		FEB	2	383	jour	~~	un	WK.	

	1-	FOR STATE REGISTRAR		DEPART	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 5 0	2 5	14
		CASED NAME FIRST Carrie		IDDLE	7 1 2 5 5	AST TOTAL	TO DATE OF DEATH	DAY YEAR	25 HOUR D
				Edith		FFLETT	January 7 198		5:55 %
-	3 SE	emale	4 RACE White		S. DATE C	24, 1905	6. AGE (IN YEARS LAST BIRTHDAY) 77 YRS	IF UNDER 1 YEAR	HOURS MIN.
1)		RTHPLACE (STATE OR FOREIGN OUNTRY)	U.S.A.	VHAT COUNTRY?	8 MARRIE WIDOWE	NEVER MARRIED	9 BALTIMORE CITY OR COUNTY Prince George		M
73]	ry or town of death Riverdale	Leland	Memoria	1 Hos	pital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST FOR WORKING LIFE	126. KIND C INDUSTRY	OF BUSINESS OR
34		TATE 136 COU	nce Geo.			136. INSIDE CITY LIMITS?	13. SIEGUADDRESS 9500 Rhode Isl	and Av	.0140 enue
C. Comin	_	THER'S NAME William	WIDDIE	Dean		15. MOTHER'S MAIDEN NAM		cDanie.	ls
medical		AS DECEASED EVER IN U.S. A ES, NO ORUNKNOWN) (IF YES, G	RMED FORCES?	216 09 8		Wade A. Shiff	ADDRESS flett Same as #1	3 (Hu	sband)
2	CERTIFICATION	Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT	DUE TO, OR (c) CONDITIONS CO Ptic sho	AS A CONSEQUE ARTERI AS A CONSEQUE NIRIBUTING TO E Ck. Uri	ence of oscle		ascular disease INAL DISEASE OR CONDITION GIVE Diabetes mell 1200 AUTOPSY? 1206. IF YES,	itus I	OWN O NGS USED
7		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.A	A. MONTH DA	YEAR	21c HOW INJURY OCCURR	ED (ENTERNATURE OF INJURY IN ITEM 18 PA	RT 1 ORPART 2)	
1	MEDICAL	216 INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE C	DF INJURY ET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TOWN	COUNTY	STATE
		22a.1 certify that (1) (this hasp sow the deceased alive a above, (1) (we) (did) (did n 22b. SIGNATURE	n 7 Januar ot) view the body o	ry 19	83 <u> </u>	d that in (my) (aur) apinion of Medical DEGREE ATTENDING	death occurred on the date and hour examiner notifie	22c. DATE	that (I) (we) last causes stated SIGNED n. 1983
		224 PHYSICIAN'S NAME (TYPE Carl J. Hou	OR PRINT)			22e ADDRESS	oury Rd., Riverda	Nation 1	11111111
1		URIAL, CREMATION, REMOVA	23b. DATE 1/11/8			emetery or Crematory ncoln Cemetery	Brentwood P.	GOUNTY M	arylä#d
31 2	FI	ancis Gasch's Hyattsville, M	Sons Fundaryland	eral Homo	e, P.A	JA 250. DATE	N 1 2 1983 REGISTRAR POR REGISTR	ar'gigigi	week

- Louis V

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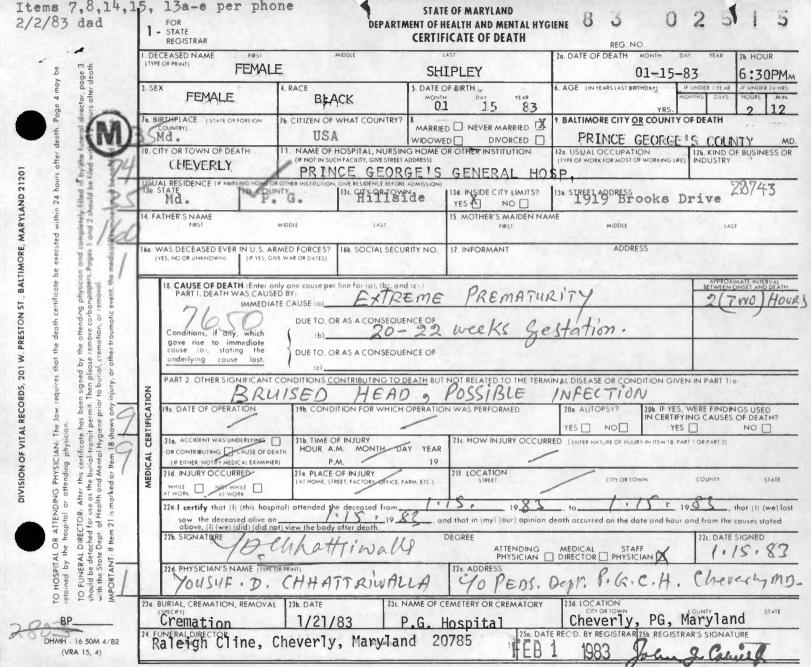
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SHET,	3. SEX		Neva 4. RACE	5. DATE OF BIR	Jane	6. AGE (IN YEARS	hool		24 HDS 1	DEATH M	ATED [MONTH	DAY Y	YEAR 2d HOUR
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5	13a. S	i residence rate arylan	113b COU	OR OTHER INSTITUTION	13, CITY O		irk y	. INSIDE CITY LIMITS?	13e. STRE	et address 14 Rh	#804 ode 3		207	
7		THER'S NAME		MIDDLE			-	MOTHER'S MAIDE	ENNAME	MIDD			LAST	
24		-eande	EVER IN U.S. A	RMED ECOCES?	Jenni	ngs	0 17	Victor:	ia		ADDRESS		ledg	
1	T Y	S, NO, OR UNKNO	WN) (IF YES, GIV	re war or dates)	170-	22-318		Villiam	L. S	Shook	4234 Belt	1 Ke svi		St. Md.
	NO	gave ris cause (a) lying cau	ns, if any, which to immediate stating the under see last.	(c)	OR AS A CONS	SEQUENCE OF	DISEASE DR	CONDITION GIVEN IN PA	RT 1 to L					
9	FICAT	190 DATE OF	OPERATION	196 CON	IDITION FOR W	HICH OPERATI	ON WAS I	PERFORMED?			_		20 AUTO	
9-3	MEDICAL CERTIFICATION	UNDERLYING CONTRIBUTIN	L CAUSE WAS OR OG CAUSE OF	HOUR .	OF INJURY A.M. MONTH I P.M.	DAY YEAR		INJURY OCCURRE	D IENTER N	ATURE OF INJURY	Y IN ITEM 18 PAR	RT I OR PAR		
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2	10	220. I certification of the substitution of th	SAS	rge of the remoins ural causes A	described above Accident	e, held on Suicid	_ M.D	Homicide TITLE (SPECIFY) DORESS	Undete	Inquiry Crmined monn	er .	DATE SIGNED	1-9	26-83
BALLIMORE, MARYLAND, 3	23o.B		TION PEMOVAL			AME OF CEMET	ERY OR CI	REMATORY	23d. LOG	CATION		COUN	ITY	STATE
)	24. FI	JNERAL DIREC	TOR	HOME Tring Ro		lem Ce	mete		Wins	REGISTRAR	Salem PREGIST			h,NC



DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 20. DATE KNOWN DECEASED NAME (TYPE OR PRINT) OF ESTI-= Henry James Shreve AGE (IN YEARS IF UNDER 24 HRS 2d HOUR male caucasian LAST BIRTHDAY) PRONOUNCED 1083 10:02 71 YRS Feb. 9. 1911 CITIZEN OF WHAT COUNTRY? To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) Maryland WIDOWED X DIVORCED Prince George's OURS AFTER DEATH. IF ANY DELAY IS NO GIVE PAGES 1, 2, AND 3 TO THE OUT THE FORM PAGE. SIND TO THE OUT THE FORM DAY SHOULD BE FALED. TO THE OUT 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 10. CITY OR TOWN OF DEATH Southern Maryland Hospital Center "Sasscer's Green" 13a STATE 13d. INSIDE CITY LIMITS? DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 2120 CITY OR TOWN Pr.Geo's NO X Maryland Upper Warlboro 4 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE FIRST Marden Hannah Shreve James 160 WAS DECEASED EVER IN U.S. ARMED FORCES Yes, NO, OR UNKNOWN) 578-24-4635 Hubert K.Arnold, Esq. 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY Chronic obstructive pulmonary Disease DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a). CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E CHIEF BE USED YES NO X DEPARTMENT OF PRIOR TO BUR 21a EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY (AT HOME. 21f. LOCATION 21d. INJURY OCCURRED STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN COUNTY WHILE AT WORK TO MEDICAL EXAMINER: TO EXECUTE THE CERTIFICATE. PAGE 4 SHOULD BE FORW TO FUNERAL DIRECTOR: PATTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2 22a I certify that I took charge of the remains described above, held on Inspection Undetermined monner death resulted from: Noturol couses TITLE (SPECIFY) 1-31-83 Deputy MEDICAL EXAMINER EXAMINER'S NAME Augusto P. Rodriguez, M. D. 5009 Rayburn Ct., CAMP SPRINGS, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION 23a.BURIAL, CREMATION, REMOVAL 23b DATE Suitland (Pr. Geo's) 2/4/83 Cedar Hill Crematory Cremation BP_ ADDRESS - Upper Marlboro, Coleman **DHMH - 17** Richard Maryland 20772: (VR A15 ME (5)) runeral

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STATE OF MARYLAND

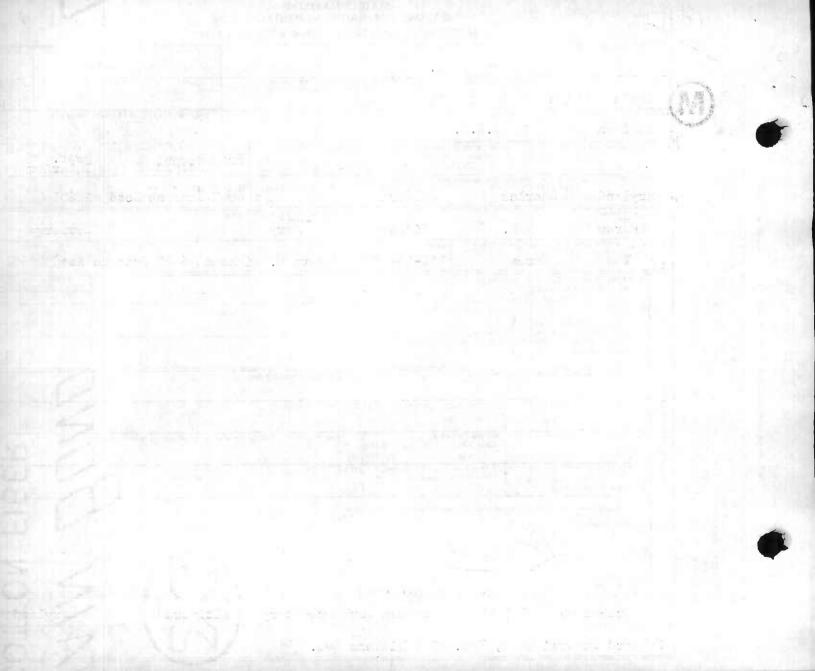
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		REGISTRAR CEASED NAME FIRST	MIDDLE		AST OF DEATH	REG. N		EAR 76 HOUR
e o o th		Arthur	F.	Sie	vers		1-4-8	3 115A
M	3 SE	MALE	White	5. DATE		6. AGE (IN YEARS LAST BIR		YEAR IF UNDER 24 H
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90	10. C	TY OR TOWN OF DEATH			OR OTHER INSTITUTION	120 USUAL OCCUPATION OF WORK FOR MOST C	F WORKING LIFE INDU	IND OF BUSINESS
12 70	USU.	A RESIDENCE (IF NURSING HOME OR COTATE 136 COUNT	OTHEVINSTITUTION, GIVE RESIDEN	NCE BEFORE ADMISSION) OR TOWN	13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	(2078	20), /
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l ond	6	VAS DECEASED EVER IN U.S. ARM	Sie	vers	Lena	WIDDLE		Peters
Poges Poges			WAR OR DATES)	44-0929	Dorothy P.	Holden ADD	09-Leigh	ton Ave
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Post permit	CERTIFICATION	19s DATE OF OPERATION	IN CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	28s AUTOPSYS	206 IF YES, WERE F IN CERTIFYING CA YES [7]	INDINGS USED USES OF DEATH? NO [7]
orthonic orthonic orthonic mal fryg	A	\$10. ACCIDENT WAS UNDERLYING OF CRASS OF CONTRIBUTING OF CRASS OF EITHER NOTES MIDICAL EXAMINER.	HOUR A.M. MON	VTH DAY YEAR	THE HOW INJURY OCCURR	RED LEWISE NATURE OF POUR	O 07 115 01 12 0 0 01 1 1 1 1 1 1 1 1 1 1 1 1 1	- Anad
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espital ECTOR Id for 1		saw the deceased alive on cove, (1) (ma) (did) (did)	view the bady after dept	P.	d that in (my) opinion	death occurred on the do		
AL DR Getoch one Des rr. if th		HANT Bres	may Is	mn	ATTENDING PHYSICIAN	DIRECTOR PHYSIC	+ V.	4, 198 3
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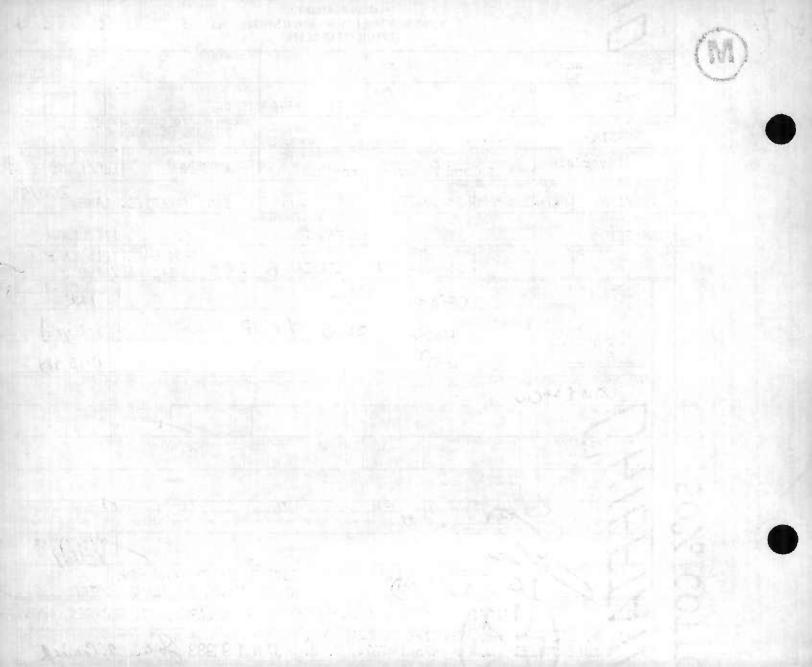
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STATE OF MARYLAND



(M)	1.	FOR STATE REGISTRAR			STATE OF MARYL NT OF HEALTH AND CERTIFICATE OF	MENTAL HYGIEN	E 8 3	0 2 5 2
	ТТУРЕ	OR PRINT)	Fred	I Sim	ion	20	DATE OF DEATH MONTH	16 83 2b. HOUR 2:19
ge 4 mo rector, po urs ofter c	3. SE	Male	4. RACE White		APRIL 11,	1898	AGE (IN YEARS LAST BIRTHDAY) 84 YE	
merol din nn 72 hou	7a. B	RUSSIA	7b. CITIZEN OF	WHAT COUNTRY?	MARRIED A NEVER	MARRIED . 9.1	PRINCE GEOT	NTY OF DEATH
by the fu		Riverdal	e (IF NOT IN SUC	h facility, give street abland Memor	ial Hospit	(1	USUAL OCCUPATION WHEOF WORLD RASSLOF WORKIN ATTORNEY	IZB. KIND OF BUSINESS INDUSTRY PROFE
filled in hould be	13a.		RINCE GEORG	GIVE RESIDENCE BEFORE ALLIAN CITY OF TOWN	13d. INSIDE		STREET ADDRESS 3900 WAKEF	ELD LANE 207
ecuted within d completely es 1 and 2 s		SAMUEL	WIDDLE	SIMÔN	FAN		MIDDLE E.	LIEBÊRMAN
be execu		VAS DECEASED EVER IN 1 YES NO OR UNKNOWN) (18	U.S. ARMED FORCES? FYES, GIVE WAR OR DATES)	314-26-2			IMON, BOWIE	KEFIELD LANE MARVIAND
g physici on poper removal.		18 CAUSE OF DEATH (E PART I. DEATH WAS IM/	inter only one couse per CAUSED BY: MEDIATE CAUSE (o)	CACARA (ARRHT			APPROXIMATE INTERVAL BETWEEN ONGET AND DE
death contending of tending or contending or contending or communication o		Conditions, if ony, what gove rise to immediate	hich ((b)	RAS A CONSEQUEN	CE OF AJUD	/ CHI		7-171
es that the death comed by the attending please remove cartural, cremation, or other troumatic.		cause (a), stating		RAS A CONFIDUEN	CE OF			1-1670
quires signe Then p to bur njury.	NOIL	AMIR	27CW				L DISEASE OR CONDITION	
The low re crion.	CERTIFICATION	19a DATE OF OPERATION			PERATION WAS PERF		YES NO NO	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES NO NO
SKCIAN: The ng physicion certificate hrio-tronsis prental Hygier ltem 18 show		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUS	SE OF DEATH HOUR A.	M. MONTH DAY	YEAR	NJURY OCCURRED	(ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2}
DING PHYSICIAN: The or ottending physicion or ottending physicion or the build-trons; joilt and Mental Hygier morked or item 18 shown or the or the miles shown or th	MEDICAL	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	LAT HOME STE	OF INJURY REET, FACTORY, OFFICE, FAR	M. ETC.) 211 LOCAT	ION ET	CITY OR TOWN	COUNTY STAT
TTENDIR spitol or TTOR: Af for use of Healt		220.1 certify that (1) (thi sow the deceased a above, (1) (we) (did)	Jue on 1- (4	19.51	, and that in (my	, 19	th occurred on the date and	hour and from the couses state
TAL OR A by the hos RAL DIREC detoched fore Dept.		22b. SIGNATURE	Von		DEGREE	ATTENDING A	AEDICAL STAFF IRECTOR PHYSICIAN	22-10 A TE SIGNED 8 3
HOSPI bined b FUNE buld be th the S		226. PHYSICIAN 5 NAM		REY A. KE	MAN 220 ADDRE	6525 B	ELCREST ROAD VILLE, MARYLA	
BP	23a. I	BURIAL CREMATION, REA			ME OF CEMETERY OR INT LEBANON			R. GEORGES, MAI
DHMH - 16 50M 4/B2 (VRA 15, 4)		DUNALDOM: ST 232 CARROLL			FUNERAL HO NGTON, D.		1 9 1983	GISTRAR'S SIGNATURE



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME MIDDLE 2a. DATE KNOWN (TYPE OR PRINT) OF ESTI-Smith H. Bruce DEATH MATED SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) Male PRONOUNCED 7.56 DEAD 11 1429 Dec To BIRTHPLACE (STATE OR 76. CITIZEN OF WHAT COUNTRY 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED FOREIGN COUNTRY) WIDOWED DIVORCED Iowa USA Prince Georges Co ID CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) OR INDUSTRY Refrigeration FOR MOST OF WORKING LIFE) Cheverly Prince Georges Co. Hospital Truck Driver SHOULD USUAL RESIDENCE (IF IN NUIS THE MOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) Company. 13a STATE LOUNTY 13d.: INSIDE CITY LIMITS? 13e. STREET ADDRESS 13c. CITY OR TOWN NO 🗔 Iowa Muscatine Co. Rt #3 Box 350 D Muscatine 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE MIDDLE LAST FIRST LAST Smith Burd Roy Florence SION OF #3 Box 350 D 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) 479 28 7286 Jennie Miller Muscatine, Towa 52761 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A BURIAL - TRANSIT PERMIT. H AND MENTAL HYGIENE, I MATION, OR REMOVAL. PART | DEATH WAS CAUSED BY IMMEDIATE CAUSE (a), DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate couse (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. CREMATION, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) USED AS A B CERTIFICATION 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 28. AUTOPSY? PAGE 4 SHOULD BE FORWARDED TO THE CHI TO FUNERAL DIRECTOR, PAGE 3 SHOULD BE US AFTER DEATH, WITH THE STATE DEPARTMENT OF BALTIMORE, MARYLAND, 21201 PRIDR TO BURI YES NO 21g. EXTERNAL CAUSE WAS 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING MEDICAL CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21e PLACE OF INJURY (AT HOME 11. LOCATION STREET STREET, FACTORY, FARM, ETC.1 WHILE NOT WHILE CITY OR TOWN COUNTY STATE AT WORK 22a I certify that I taok charge of the remains described above, held an Autopsy Inspection lnauiry ond in my opinion death resulted from Natural causes Suicide Homicide Undetermined monner TITLE (SPECIFY) DATE SIGNATURE EXAMINER'S NAME A. DAEE M.D. (TYPE OR PRINT) ADDRESS 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION 230 BURIAL, CREMATION, REMOVAL 236. DATE COUNTY STATE BURTAL 1-15-83 DEVANPORT MEM. PARK CEM DEVANDORT, IOWA BP 24 FUNERAL DIRECTOR 2847 WILSON BLVD. **DHMH-17** IVES FUNERAL HOME ARLINGTON, VIRGINIA (VR A15 ME (5)) 15M 2/80

NAME OF THE PROPERTY OF THE PR

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR STATE

Hvattsville, Maryland

(VRA 15, 4)



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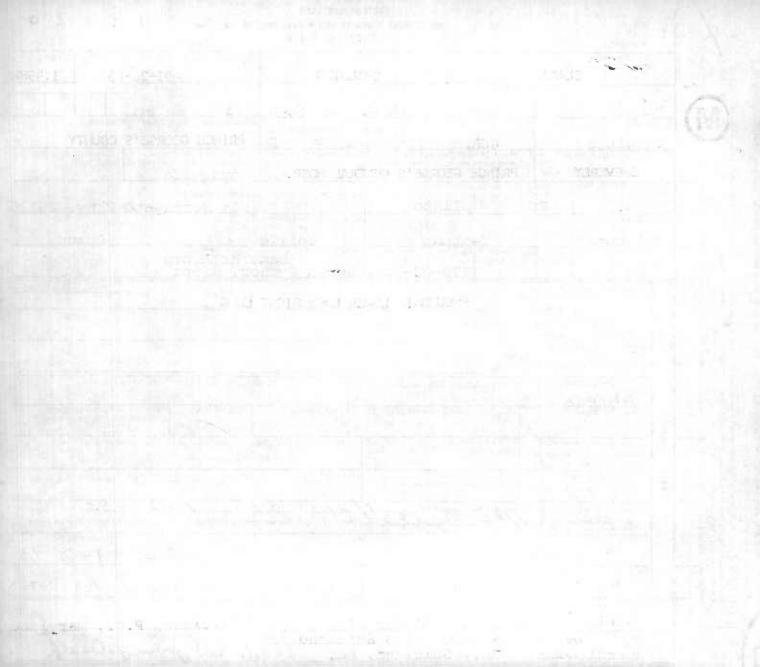
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require	CERTIFICATION	ANEMI									1.00
o dimid	ICAI	190. DATE OF OPERA	TION	196 COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, V	WERE FINDIN	GS USED* OF DEATH?
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OR A bosh		22b. SIGNATURE	1	4	1	(DEGREE	MEDICAL STA	**	22c. DATE	
		THE RESIDENCE OF THE PERSON OF	Nees	or ting	32		ATTENDING PHYSICIAN	MEDICAL STA	CIAN D	1-	30-83
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5 5 5 4 3 ₹	23a. E	URIAL, CREMATION	REMOVAL	23b. DATE	23c. N	AME OF C	METERY OR CREMATORY	23d. LOCATION		COUNTY	STATE
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DHMH - 16 50M 4/82	24 FU	INERAL DIRECTOR	Robt	E Will	nelm_appe_43	08 S	nitland 250. DAT	REC'D. BY REGISTRA	756 REGISTRA	R'S SIGNATI	JRE -
(VRA 15, 4)		Tuneral :	Home	Rd.	., Suitl	and,	md. FEB	7 1983	pany	to lake	us.



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR DECEASED NAME KNOWN 2h HOUR 2a. DATE (TYPE OR PRINT) ESTI-DEATH MATED STANTON. SR. 1-18-839 JOSEPH 4 RACE AGE (IN YEARS | IF UNDER 1 YR. IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCED Male White Jan. 27, 1928 54 1-18-8319 0:12 76. CITIZEN OF WHAT COUNTRY? TO BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH NEVER MARRIED Prince George's County Washington, D.C. U.S.A. WIDOWED DIVORCED ID CITY OR TOWN OF DEATH SHOULD BE FILED, 120. USUAL OCCUPATION TTYPE OF WORK 1126 KIND OF BUSINESS II. NAME OF HOSPITAL NURSING HOME, OR OTHER INSTITUTION 5402 MOrton Place Retired Engineer Railroad Riverdale Zip Code - 20737 13e STREET ADDRESS 13a. STATE 13b COUNTY 13c. CITY OR TOWN T. PAGES 1 AND 2 SHOLD DIVISION OF WITH REC Maryland P.G. Riverdale 5402 Morton Place 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME MIDOLE MIDDLE Joseph Francis Gertrude Noll Stanton ADDRESS Address Same as 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT WITH FOR Mrs. Daisy P. Stanton No# 13e. 579-30-3477 Yes-Navy W.W.II 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) P. MEDICAL EXAMINER ALONG WED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, DIT, CREMATION, OR REMOVAL. BETWEEN ONSET AND DEATH Facial and cervical blunt force injuries IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave rise to immediate cause (o) stoting the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 19s. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? TO BURIAL, 9 YES W NO [ARDED TO THE CHANGE 3 SHOULD BE I SHOULD BE 210 EXTERNAL CAUSE WAS 216. TIME OF INJURY 211. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH subject was beaten 1-18-8310 21e PLACE OF INJURY 211 LOCATION 21d INJURY OCCURRED EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNEATL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P 5402 Morton Place Rrverdale, Maryland NOT WHILE AT WORK home AT WORK 220 I certify that I took charge of the remains described above, held an Inspection Autopsy Hamicide XX death resulted from: Undetermined manner TITLE (SPECIFY) DATE 1-19-83 Assistant SIGNATURE EXAMINER'S NAME 111 Penn Street 23d. LOCATION Maryland Cedar Hill Cemetery Suitland P.G. Burial Jan. 24, 1983 BP JAN 2 6 1983 REGISTRAR STRAKE STRAKE SIGNATURE 24 FUNERAL DIRECTOR **DHMH - 17** F. Gasch's Sons F.H. P.A. Hyattsville, Md. (VR A15 ME (5)) 20M 4/B2

AT REGISTERNAL COUNTY COUNTY

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Charles Santa

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY CITY OR TOWN and that in (my) (our) opinion death occurred on the date and hour and from the couses stated DIRECTOR PHYSICIAN Y 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 1/22/83 Indell Zion Hill BP Cem 250 DATE REC'D. BY REGISTRAR ZSE 24. FUNERAL DIRECTOR DHMH - 16 50M 4/82 . S. WASHINGTON + SONS 4925 BURROUGHS NEW Z. (VRA 15, 4)

FOR - STATE

REGISTRAR

22c DATE SIGNED

DAY

IF UNDER I YEAR

Patterson

2b. HOUR

2:55

17h. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

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IF UNDER 24 HRS

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 0 2 5 2

CERTIFICATE OF DEATH

REG. NO.

York

1	- STATE REGISTRAR				CERTIF	ICATE OF DEA	ATH	REG. NO).			
1	1. DECEASED NAME	FIRST	A	NIDDLE	ı	AST		2a. DATE OF DEATH	MONTH DAY	YEAR	2b. HO	UR
		CHARD	JOS	EPH	STEWA	ART III		JANUAF	XY 09.	1983	10:	32pm
	3. SEX		4. RACE		5. DATE C			6. AGE (IN YEARS EAST BIRT	MDAY) IF U	NDER 1 YEAR	IF UNDE	R 24 HRS
ı	MALE		CAUCA	SIAN	MARCH		1970	12 YRS	YRS.	HS DATS	HOURS	MIN.
	To. BIRTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	8.	NEVER MA	anura XX	9. BALTIMORE CITY OF		DEATH		
	VIRGINIA		USA		WIDOWE	DIN DIVO	RCED	PRINCE GEOF	GE 'S			MD.
	10. CITY OR TOWN OF DE	ATH		OSPITAL, NURSIN	G HOME C			120 USUAL OCCUPATIO	NO.	126. KIND OI	F BUSIN	
\$	ANDREWS AFB			GROW USA		CEN		Student	WORKING LIFE)	INDUSTRY Stil	iden	+
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3	MARYLAND		E GEORG			136. INSIDE CITY	XXO	4635-1 POP	LAR CT	(2033	35)	
ī	14. FATHER'S NAME					15. MOTHER'S M	AIDEN NAM	ME	Director Or	1200		
	RICHARD	JOSE	MIDDLE CPH	STEWART	JR	SHIRL	-	THERES	A	MOLLE		
i	16a. WAS DECEASED EVER	IN U.S. AR	MED FORCES?	166. SOCIAL SECU		R INFORMST			S POPLA	110111	210	
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	477	H = 7										
١	Conditions if ony	Conditions, if ony, which (b) mattiple medical and neurological problems										
١	gave rise to improve (a), status	mediote	(0)	AS A COMETONE	LILIM	TPLE ME	-	AND NEUROLO	CTCAL	PROBLE	MC	
1	underlying cause		DUE TO, OF	AS A CONSEQUE	MOETOH11	TIPE TE	DICAL	AND NEUROEC	GICAL 1	RODLE	orio	
	PART 2. OTHER SIG	NIFICANTO	ONDITIONS CO	NTRIBUTING TO	EATH BUT	NOT RELATED TO	THE TERMI	INAL DISEASE OR COND	ITION GIVEN	IN PART I		
	& Ny pothermia	. Hy	dro copha	lus, mon	ingites	age 3 mo	who w	the brain dam	age, h	poallo	imen	emia
	190. DATE OF OPERA	TION	196 CONDI	TION FOR WHICH	OPERATIO	N WAS PERFORM		20a AUTOPSY?	206. IF YES, W			
	THE							YES NO	YES []	NO	
	210. ACCIDENT WAS UN	- house	110110 4		Y YEAR	21c. HOW INJU	RY OCCURR	RED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART	OR PART 2)		
	OR CONTRIBUTING		III.		19							
	(IF EITHER, NOTIFY MED. 21d. INJURY OCCUR		21e. PLACE C			211. LOCATION		CITY OR TOV	VN	COUNTY		STATE
	WHILE NOT WE	HILE	(AI HOME, SIR	EET, FACTORY, OFFICE, FA	ARM, ETC. J	3,466,						
	220.1 certify that (I)	this hospi		deceased from_	31 0	ec	19 82	10 9 Jan	. 19.	83	that ((we) ast
	sow the decease	ed alive an	9 Jan view the body	olter death	3 01	nd that in my or	ur) apinion d	death occurred on the do	te and hour on	d from the	causes s	itated
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	thomas E.	Han	ison		mn	ATT PH	YSICIAN X	MEDICAL STAF	F IAN 🗆	9 Jan	83	
	226. PHYSICIAN'S N	AME (TYPE O	R PRINT)	May ma		22e ADDRESS					HU	
	THOMAS E	. GARE	RISON, C	APT, USAF	F, MC	MALCOLI	M GROW	USAF MEDCE	N AAFB	WASH	DC	20331
	23a. BURIAL, CREMATION	REMOVAL	23b. DATE	23 c. N	NAME OF C	EMETERY OR CRI	EMATORY	236. LOCATION				
	(SPECIFY) Ruriol	Ian	Wary 14	1083 51	luer	Mount		Staten Tel		i chman	d	NATA

DHMH-16 50M 4/82 24 FUNERAL DIRECTOR Lee Funeral Home, Inc. 256. DATE REGULAR REGISTRARY 256/REGISTRARY SIGNATURE (VRA 15, 4) 6633 Old Alexander Ferry Road, Clinton, Maryland 20733AN 121983

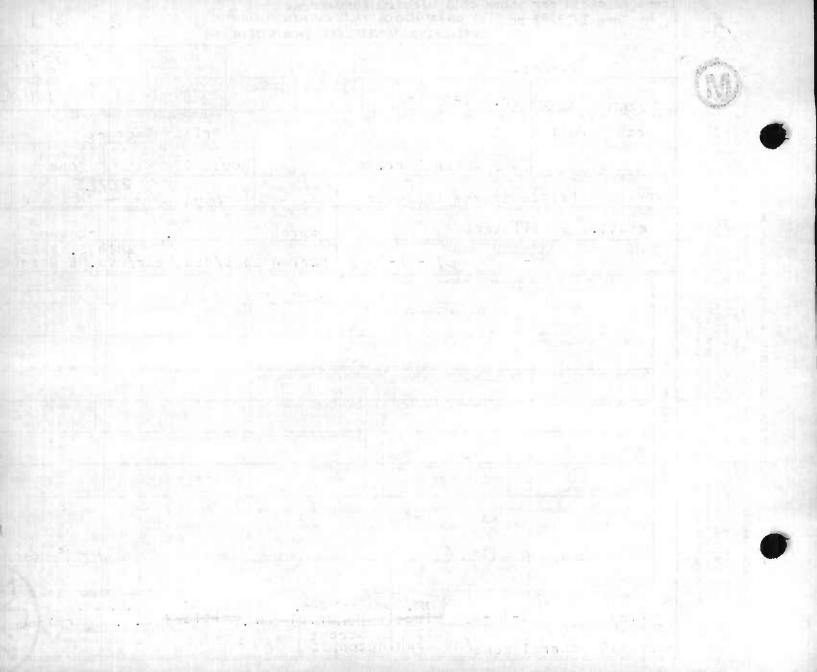
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STATE OF MARYLAND

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6	1.	FOR Home 1/13/83 rc DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 0 2	5 3 1
		REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
-		CEASED NAME PRST MIDDLE LAST 20. DATE KNOWN MONTH OF ESTI-	DAY YOR 26 HOUR
3		StoVall OF ESTI-	8 19 5 11 P W
	3 SEX	4 RACE 5 DATE OF BIRTH 6 AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS. 26. DATE MONTH DAY YEAR LAST BIRTHDAY) MONTHS DAYS HOURS MIN PRONOUNCED	EAR 24 HOUR
	1	Fandla Black Mar. 9 1909 73 YRS. MONTHS DAYS HOURS MIN PRONOUNCED DEAD	19 5 11.30 M
		IRTHPLACE (STATE OR 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 BALTIMORE CITY OR COUNTRY)	ITY OF DEATH
		orth Carolina USA WIDOWEDXX DIVORCED - Prince Georg	es MD
1	10_C	ITY OR TOWN OF DEATH II. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK	
1		7645 Swann Terrace Housewife	None
1		AL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	785
2	Ma	ryland Prince George Landover 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13c STREET ADDRESS 13d INSIDE CITY LIMITS? 13e STREET ADDRESS 13d INSIDE CITY LIMITS? 13d INSIDE	Terrace
-		ATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	LAST
0	J	ames, D. McAllister Sarah L.	Unknown
	16a. V	WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO. 17. INFORMANT ADDRESS 2.6.1	
	(4	(IF YES, GIVE WAR OR DATES) 578-03-8593 Marion Epps/daughter/Av	e.NE WashDC
		18 CAUSE OF DEATH (Enter anly ane cause per line lar (a), (b), and (c).)	APPROXIMATE INTERVAL
	Be	PART I DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
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		Canditions, if any, which	
		gave rise to immediate (b) DUE TO, OR AS A CONSEQUENCE OF	
93		lying cause last. An the attention	
		PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a)	
	Z		
07	ATIC	19a DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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5	ALC	UNDERLYING OR HOUR A.M. MONTH DAY YEAR CONTRIBUTING CAUSE OF DEATH P.M. 19	
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	¥	WHILE NOT WHILE STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN CO	DUNTY STATE
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		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	
		ACTUAL CON A DAS S A CO DATE	1-9 83
1		SIGNATURE SIGN	
1		EXAMINER'S NAME 5632 annapoli 71 Bladenson MD 2010	
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			Maryland
		rshall Funeral Home NW Washington DC JAN 131983	tabulf
	110	i sudificatione.	



MPORTANT: If hem 21 is marked at Item 18 shaws any injury, at other traumatic event, the medical examiner must be natified of

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH	8	3	0	2	5	3	
CERTIFICATE OF DEATH							

	1 -	STATE REGISTRAR		DEPARIA		ICATE OF DEATH	REG. NO	0.	-		
H		CEASED NAME FIRST		MIDDLE		LAST	26. DATE OF DEATH	MONTH	DAY YEAR	2b. HOUR	
	1 I I I E	OR PRINT) EDW.	ARD	H.		STOWE		01-	12-83	2:00PM	
3	3. SE>		4. RACE		5. DATE O	OF BIRTH	6. AGE (IN YEARS LAST BIRT		IF UNDER 1 YEAR		
		Male	White	e	July		42	YRS.	MONTHS DAYS	HOURS MIN.	
1		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF	WHAT COUNTRY?	MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	R COUNTY	OF DEATH		
0		arvland		USA	WIDOW		PRINCE GEOR	RGE'S	COUNTY	MD	
11	10 CI	TY OR TOWN OF DEATH		HOSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL OCCUPATE			OF BUSINESS OR	
4	C	HEVERLY	(GEORGE S		ERAL HOSPITAL	Gas Stat				
5	USU A 13a. S	AL RESIDENCE (IF NURSING HOME TATE 136 CO		13c. CITY OR TOW Suitla	N	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	1	. War	20746	
	14. FA	THER'S NAME				15. MOTHER'S MAIDEN NA		11250	Max		
C		Edwin	Leon	Stowe		Mary	Estelle		Luc		
		VAS DECEASED EVER IN U.S ES, NO OR UNKNOWN) (IF YES)	ARMED FORCES? GIVE WAR OR DATES)	578-52		3750 Val Ha	alla Ct ^{ADDRE} yne, Siste	Davi er Mo	dsonv.	ille, 35	
		Conditions, if any, which gove rise to immediate cause (a), stating the underlying couse lost.	(b)_	R AS A CONSEQUE	//		ourcetie Intro				
	NO	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 119									
7	RTIFICATION	190 DATE OF OPERATION	2 196. COND	Prencreit		TSCITES	20a AUTOPSY?	IN CERTIF	S, WERE FINDI FYING CAUSES ES		
7	ICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM)	DEATH	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJUI	RY IN ITEM 18	PART 1 OR PART 2)		
	MEDIC	21d INJURY OCCURRED WHILE NOT WHILE AT WORK	21e PLACE	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	COUNTY	STATE	
		220.1 certify that (I) (this haspital) attended the deceased fram Saw the deceased alive on obave, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE DEGREE								that (I) (we) last e causes stated E SIGNED	
1		22d. PHYSICIAN'S NAME (11)	VLC ON PRINT)	arant	0	ATTENDING PHYSICIAN [MEDICAL STAI		11/	19/83	
1			ESCH	4RAN		POSGH,	Cheverla	1 M	1.200	185.	
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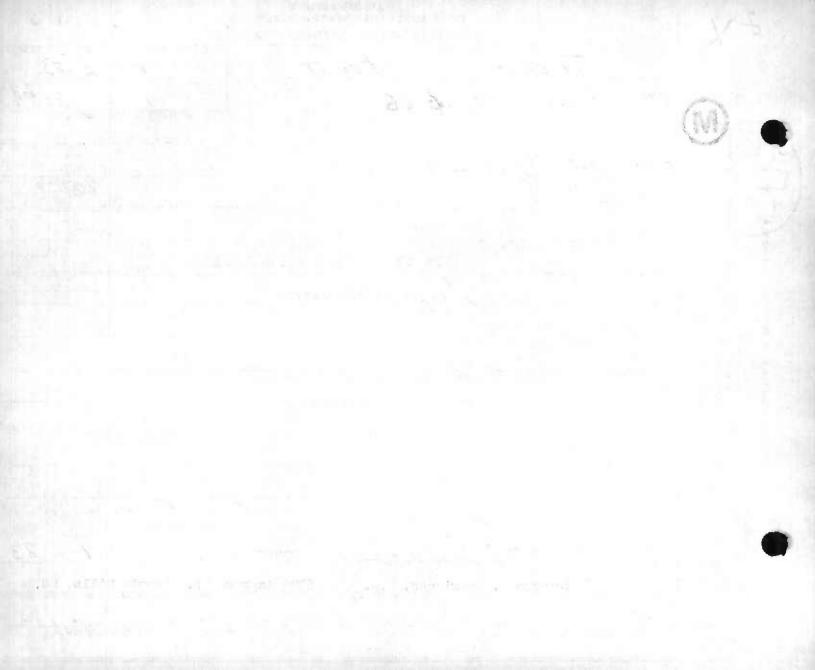
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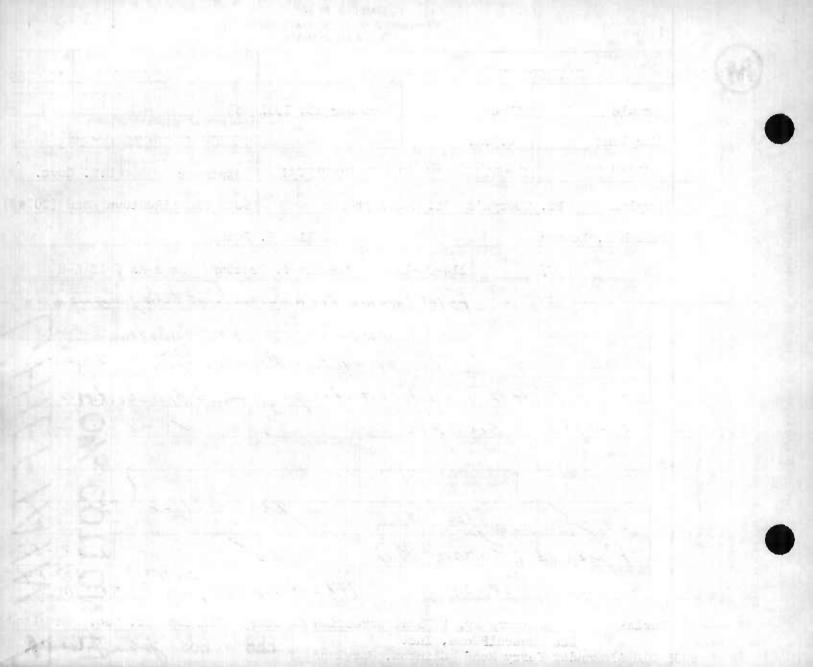
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Wilhelm ADDRES 4308 Suitland 250 DATE RECED BY REGISTRAR SUITLAND 191983 PART 16 Registrar Science Part 191983 24 FUNERAL DIRECTOR Robt E Funeral Home

MATERIAL DEPOSITE SERVER DEPOTENT The same of the sa

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO L DECEASED NAME 2a. DATE KNOWN (TYPE OR PRINT) homas ESTI-R FILES. HOURS STREET, DEATH MATED IF UNDER 24 HRS DATE PRONOUNCED DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Virginia USA DIVORCED WIDOWED Prince George 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12a. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS FOR MOST OF WORKING LIFE)
Laborer Phoenix Stee 3. RETAIN PA SHOULD BE F F. PAGES 1 AND 2 SHOULD BE DIVISION OF VITAL RECORDS. USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 3a STATE 13b COUNTY CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e. STREET ADDRESS PG Forestville Maryland YESX NO [7219 Earl Drive 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME SAFE. GIVE PAGE. "4 FORM PW. "5 I AND 2 Lucy MIDDLE MIDDLE FIRST EAST Streat Jesse Brown 17 INFORMANT ADDRESS 06 Old Branch 18. Gr. 3. WITH FOR 17. PAGES 1 60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO (YES, NO. OR UNKNOWN) LIE YES GIVE WAR OR DATES 176 07 2357 Savannah Williams No Temple Hills.Md CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL PERMIT. BETWEEN ONSET AND DEATH PAGE 4 SHOULD BE FORWARDED TO THE CHILL WASTER TRANSIT PERMIT
TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL TRANSIT PERMIT
AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE,
BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE DUE TO, OR AS A CONSEQUENCE OF Canditions, if ony, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse last. DIVISION OF VITAL RECORDS, PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 10 CERTIFICATION 190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D AUTOPSY? YES 210. EXTERNAL CAUSE WAS 21b. TIME OF INTURY 716 HOW INJURY OCCURRED (ENTERNATURE OF INJURY IN ITEM 18 PART 1 OR PART 2 HOUR A.M. MONTH DAY YEAR UNDERLYING OR MEDICAL CONTRIBUTING CAUSE OF DEATH P.M 10 21e PLACE OF INJURY 21f. LOCATION (AT HOME STREET, FACTORY, FARM ETC.) STREET CITY OR TOWN COUNTY STATE WHILE AT WORK NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection and in my opinion deoth resulted from. Natural couses Homicide ___ Undetermined monner TITLE (SPECIFY) Deputy SIGNATURE EXAMINER'S NAME ADDRESOO9 Rayburn Ct., Temple Hills, Md. Augusto P. Rodriguez. M.D. (TYPE OR PRINT) 23d. LOCATION 230. BURIAL, CREMATION, REMOVAL 23b. DATE 983 Washington National m Funeral Home 1250 DATE OF Suitland, Md. JAN Md Suitland 5Jan1983 Burial BP. 250. DATE REC'D, BY REGISTRAN SEASONS REGISTRAN'S TIGOLATURE **DHMH-17** (VR A15 ME (5)) 15M 2/80





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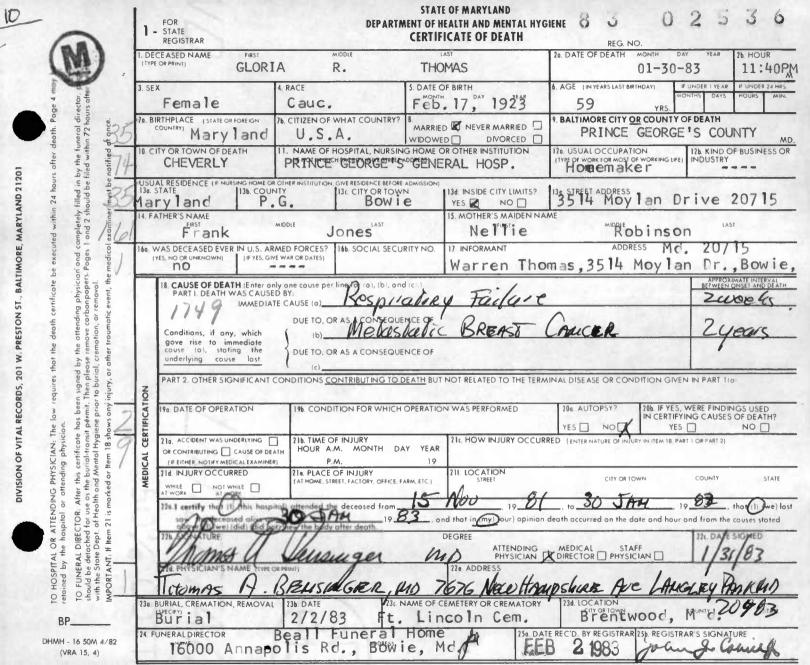
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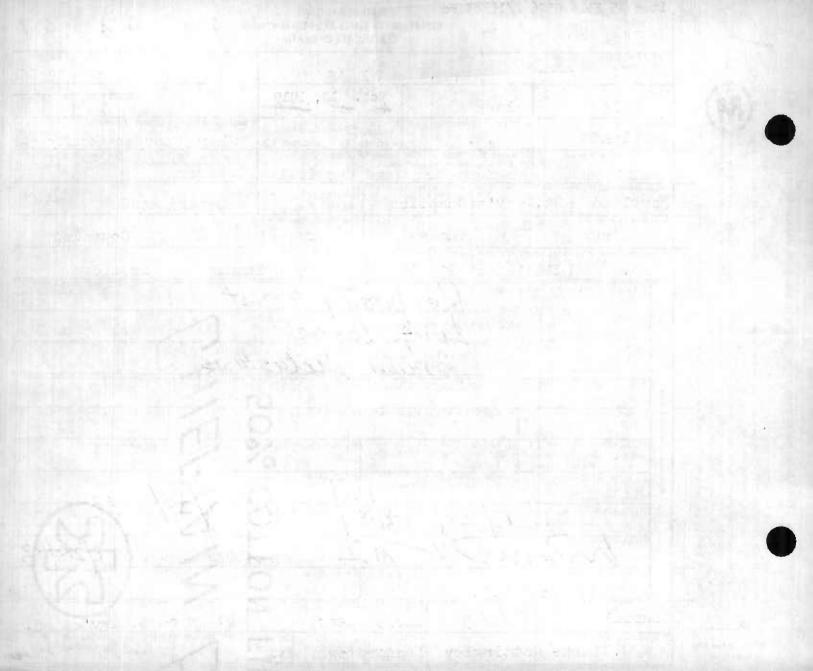
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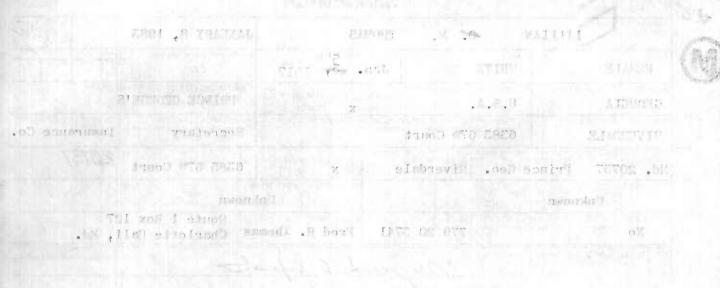
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Hyattsville, Maryland

(VRA 15, 4)



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- STATE

(TYPE OR PRINT)

REGISTRAR

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH J.

YES TX

M

17 INFORMANT

5. DATE OF BIRTH

REG. NO 20 DATE OF DEATH HINOM 26 HOUR AGE (IN YEARS LAST BIRTHDAY) BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED DIVORCED 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Housewife 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 1100 Owens NO [Road 15 MOTHER'S MAIDEN NAME MIDDLE Taylor E. ADDRESS.O. Box 185 James Q. Tierney LaPlata, Md.20646 APPROXIMATE INTERVAL-20a AUTOPSY? 20b. IF YES, WERE FINDINGS USED

PART 2. OTHER SIGNIFIGANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED

> 216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

> > I view the body after death

CITIZEN OF WHAT COUNTRY?

Geo.

MIDDLE

13c. CITY OR TOWN

Oxon Hill

Dickinson

16h SOCIAL SECURITY NO

-5056

19

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSEQUENCE OF

21e PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.) 211 LOCATION

CITY OF TOWN

214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

COUNTY STATE

22c. DATE SIGNED

IN CERTIFYING CAUSES OF DEATH?

YES

NO [

22, and that in (my) (aur) apinian death occurred an the date and haur and from the causes stated DEGREE ATTENDING MEDICAL PHYSICIAN DIRECTOR

22e. ADDRESS

DIRECTOR PHYSICIAN

STAFF

3231 Superior Lane, Bowie.

23b. DATE

Burial

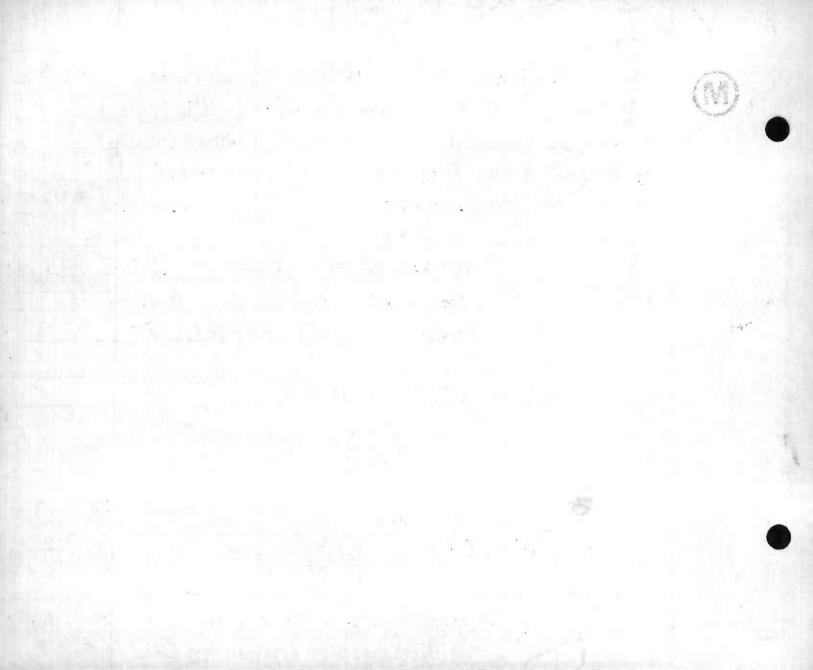
23c. NAME OF CEMETERY OR CREMATORY Jan.5,1983 Washington National

Suitland

24 FUNERAL ROBERT Wilhelm Funeral Home Inc 250. DATE REC'D. BY REGISTRAP LEAR'S SIGNATURE

Suitland, Md

DHMH - 16 60M 7/73 (VR A 15 (4))



STATE OF MARYLAND

FOR

(VRA 15, 4)



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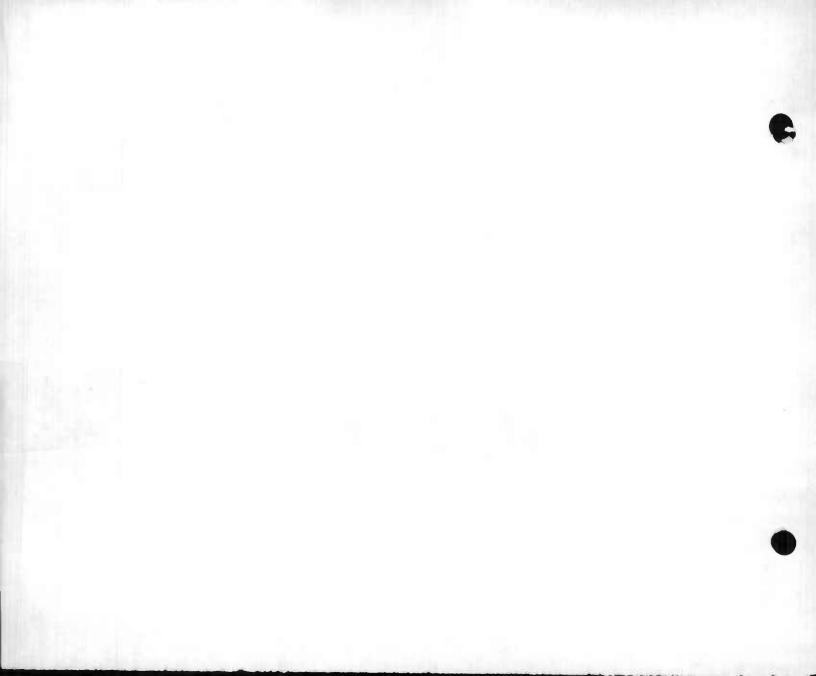
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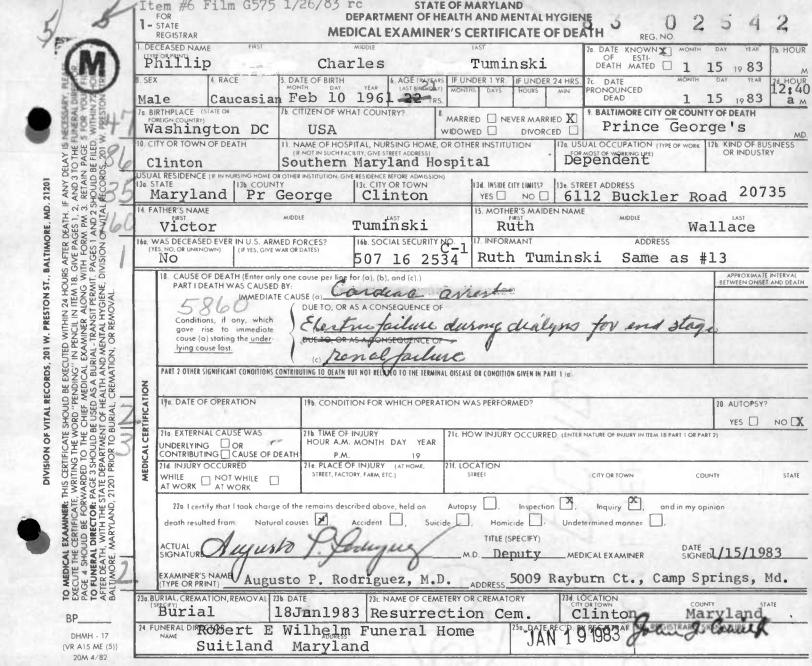
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VOIDED DEATH CERTIFICATE FOR

THELMA M. TIPPETT * 12-13/82 - PRINCE GEORGE'S

#83-02541 SEE LATE 1982 DEATHS!





R	TATE EGISTRAR			DEPARTMENT OF HE			2343
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	ale	4. RACE White		8. 1920 62/RS.	IF UNDER 1 YR. IF UNDER	MIN. PRONOUNCED DEAD	MONTH 16 8 24 HOU
Wes	THPLACE (FEIGH COUNTRY)	ginia	76. CITIZEN OF W	w w	MARRIED X NEVER MARR	ED Prince Geo	orge's M
La	y or town nham		Doctors	SPITAL, NURSING HOME, O ACILITY, GIVE STREET ADDRESS) Hospital of	Pr. Geo. Co.	120. USUAL OCCUPATION (TYPE FOR MOST OF WORKING LIFE) Dairy Man	E OF WORK 126 KIND OF BUSINESS OR INDUSTRY Store
13e. ST.		2 Princ	OR OTHER INSTITUTION, G TTY Ce Geo.	I3c. CITY OR TOWN Hyattsville	13d INSIDE (ITY LIMITS?	3403 Nicholso	n Street 29782
I	HER'S NAM			Bennet ^{LAST}	15. MOTHER'S MAIDE FIRST Ora	MIDDLE	Turner
160. W.	AS DECEASE NO, OR UNKN O	D EVER IN U.S. AR	MED FORCES? WAR OR DATES)	166. SOCIAL SECURITY N 236 36 1258		Turner Same as	
	gove r	ons, if ony, which ise to immediate	(b)	Carcio	noma of	Colon	
	gove r cause (a lying co	ise to immediate) stating the <u>under</u> use lost.	DUE TO, OF	R AS A CONSEQUENCE OF		RT I (a).	
	gove r cause (c lying co	ise to immediate) stating the <u>under</u> use lost.	DUE TO, OF		DISEASE OR CONDITION GIVEN IN PA	RT1 ial.	20 AUTOPSY?
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STATE OF MARYLAND

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All	11-	FOR STATE		F HEALTH AND MENTAL H	() ()	2 3 4 4
		REGISTRAR CEASED NAME FIRST	MEDICAL EXAM	INER'S CERTIFICATE C	F DEATH REG. NO	
		EORPRINT) Willia	MIDULE	Time	OF ESTI-	MONTH DAY YEAR 26 HOUR
OR. URS	3. SEX		ATE OF BIRTH 16 AGE III	1 Comes	DEATH MATED	19 AM
RECT RESTRICTED IN STR	3. SE/	60 n . MC	ONTH DAY YEAR LAST BIRT		MIN. PRONOUNCED	MONTH DAY YEAR 20 HOUR
ARY NOT TON	1	RTHPLACE ISLATEOR 78.	CITIZEN OF WHAT COUNTRY?	YRS.	DEAD	19 gm
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DELAY IS NECESSARY, PLEASE TO THE FUNERAL DIRECTOR. PAGE 5 FOR YOUR FILES, WITHIN 72 HOURS RDS, 201 W. PRESTON STREET,	ID. C	TY OR TOWN OF DEATH	NAME OF HOSPITAL, NURSING HO	WIDOWED DIVORC	IZO USUAL OCCUPATION (TYPE	EOFWORK 126 KIND OF BUSINESS
AL SERVICE	10		IF NOT IN SUCH FACILITY, GIVE STREET ADDRES		FOR MOST OF WORKING LIFE!	OR INDUSTRY .
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2 (100)	W	ATHER'S NAME	refrence Seat	Measan YES NO [141.	Ave. 20743
E-25/1/2	1 3.7	FIRST		IS. MOTHER'S MAIDI	MIDDLE	LAST
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F., BALTIMORE, MD. URS AFTER DEF B. GIVE PACE WITH FORW IT PAGES 1 DIVISION OF THE	(Y	ES NO. OR UNKNOWN) IF YES, GIVE WAR O	R DATES)		ADDRESS	
	\vdash	NO I NON		WN Mrs M	arie I. Chi	SILY APPROXIMATE INTERVAL
ON ST., 24 HOUR TIEM 18. CONG W PERMIT. SIENE, D		18 CAUSE OF DEATH (Enter only one PART I DEATH WAS CAUSED BY:	e cause per line far (a), (b), and (c).	0	11. 01	RETWEEN CHOST AND DEATH
SER HEN	17.5	MAMEDIATE CA	USE (a)	condial	my and	2
PRESTON THIN 24 H SIL IN ITEM LER ALON ALER ALON ALER HYGIER REMOVAL		Canditians, if any, which	DUE TO, CHI YA A COMSESSIVEN	e: M	//	
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N OF ICATE THE W THE W SULD B STAKEN		UNDERLYING OR CONTRIBUTING CAUSE OF DEAT		AR		
BIVISION SCENTIFIC RITING TH RES SHOUL OF PRIOR	MEDICAL	21d. INJURY OCCURRED	H P.M. 19 21e PLACE OF INJURY (AT HOME	, 21f. LOCATION		
S CE	M.	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET	CITY OR TOWN	COUNTY STATE
E, WA PAC STA1		AT WORK				
N N N N N N N N N N N N N N N N N N N		22a I certify that I taak charge of t	the remains described abave, held or	Autapsy L. Inspectia	n L.J. Inquiry L.J., an	d in my apinian
MAN STATE OF THE S		death resulted from: Natural ca	uses Accident,	Suicide . Hamicide .	Undetermined manner	^
AA WAN		ACTUAL CALL	A. DASS	TITLE (SPECIFY)		DATE 1 - 5-83
SE ATE SE	1	SIGNATURE	A. DAICE).o. Jow	MEDICAL EXAMINER	SIGNED
AED NO. C. L. A.		EXAMINER'S NAME 56 32	- annapol	is na	Lacleisbu	MO
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST. TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOLE EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18 PAGE 4 SHOULD BE PORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG TO FUNERAL DIRECTOR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT ARE REALLY WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	230 B	URIAL, CREMATION, REMOVAL 23b D.	ATE / 23c NAME OF	ADDRESSCEMETERY OR CREMATORY	23d LOCATION	
8P	(:	Burial 4	13/83 Bati	10/ cometery	alelandr	COUNTY Va. STATE
	24. F	UNERAL DIRECTOR	ADDRESS SOU WAY			STRAR'S SIGNATURE
DHMH - 17 (VR A15 ME (5))		NAME Shelles &	SIRE APEXAMIRE	JA VIQ. JA	N 10 1903 Jac	in the landle
20M 4/82		//	TITLEHER		147	

FOR STATE

STATE OF MARYLAND	
DEPARTMENT OF HEALTH AND MENTAL HYGIENE	-
CERTIFICATE OF DEATH	

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	REGISTRAR			CEKIII	ICATE OF DEATH	REG. I	NO		
	I. DECEASED NAME FIRST		AIDDLE	1	AST	20 DATE OF DEATH	MONTH	DAY YEAR	26. HOUR
	(TYPE OR PRINT) Pearl			TYI	LER	January	29	1983	4:20 P
	3. SEX	4 RACE		5. DATE C		6 AGE LIN YEARS LAST B	IRTHDAY)	IF UNDER I YEAR	
	Female	Black		Jan	4, 1915		68) YRS		HOURS MIN.
100	70. BIRTHPLACE (STATE OF FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8 AAADDIE	NEVER MARRIED	9 BALTIMORE CITY	_		
/-	Washington, DC	United	States	WIDOWE		Prince	Georg	ge's	MD
0	10 CITY OR TOWN OF DEATH	11. NAME OF H	OSPITAL, NURSING	G HOME C	OR OTHER INSTITUTION	120 USUAL OCCUPA			OF BUSINESS OR
0.3	Riverdale	1	nd Memori		spital	Housewife	OF WORKING	INDUSTRY priva	ate
	USUAL RESIDENCE (IF NURSING HOVE OF	ROTHER INSTITUTION	GIVE RESIDENCE BEFORE		134 INSIDE CITY LIMITS?	13e STREET ADDRESS		97777	
1			Wash. D.	C.	YES 👿 NO 🗌	1209 Alak		Ave.S.E	
٦	14 FATHER'S NAME				15 MOTHER'S MAIDEN N	AME	resider		
1	A 1 com	MIDDLE	LAST		Posed	MIDDLE		A a la ta a	
	Alger 160 WAS DECEASED EVER IN U.S. A	H.	Brown 166 SOCIAL SECUR	PITY NO	Pearl	ADD	PESS	Ashto	n
		VE WAR OR DATES)	577-82-4			er-husband 1		AVA AVA	SE DO
1	18 CAUSE OF DEATH (Enter of	nly one couse per			1 111 01101 1310	I massana 1	507 8		MATE INTERVAL ONSET AND DEATH
ú	PART I. DEATH WAS CAUS	ED BY:			brovascular	occlusion		9 da	
	4292 IMMEDIA	TE CAUSE (o)	Acute	CELC	DIOVASCUIAL	OCCIUSION		7 (12	195
		DUE TO, OF	AS A CONSEQUE						
	Canditions, if any, which	(b)	Arter	ioscl	erotic cardi	ovascular d	iseas	se Unkr	iown
	gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OF	R AS A CONSEQUE	NCE OF					
		(c)							
	PART 2. OTHER SIGNIFICANT	CONDITIONS CC	NTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TER	MINAL DISEASE OR CO	ADITION C	GIVEN IN PART 110	3
_	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING								
5	5 190 DATE OF OPERATION	196 CONDI	TION FOR WHICH (OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF Y	YES, WERE FINDIN	GS USED
						YES NO NO		YES [NO [
2	210 ACCIDENT WAS UNDERLYING	110. 110.0			21c HOW INJURY OCCU	RRED (ENTER NATURE OF INJ	URY IN ITEM I	8 PART I OR PART 2)	
/	OR CONTRIBUTING CAUSE OF DE	A111		Y YEAR					
	OR CONTRIBUTING CAUSE OF DE (IF EITHER, NOTIFY MEDICAL FXAMINI 21d INJURY OCCURRED	P./ 21e. PLACE C		19	21f LOCATION				
1	WHILE NOT WHILE		ET FACTORY, OFFICE, FA	RM, FTC }	STRFFT	CITY OR T	OWN	COUNTY	STATE
	WHILE NOT WHILE AT WORK			-					
1	22a I certify that (I) (this hosp	attended the	deceased from	2	mary 19_83		-		that (1) (we) last
	saw the deceased alive a above, (I) (we) (did) (did n	at) view the bady	uary 19 8	3 . ar	nd that in (my) (our) opinion	n death occurred on the	date and h	our and from the	causes stated
	226. SIGNATURE	0 7			DEGREE			22c DATE	SIGNED
	1 Cy	X I-H	ouna	un	ATTENDING	MEDICAL STA		29 ;	Jan. 198
	22d. PHYSICIAN'S NAME (TYPE	OR PRINT)			22e ADDRESS	DO SWEETON 11113	C.AIT		
	Carl J. H	oumann, l	M. D.		4404 Queens	bury Rd., R	iverd	dale, MD	20737
	23a BURIAL, CREMATION, REMOVA	23b DATE	23c N	AME OF C	EMETERY OR CREMATORY	23d LOCATION			
	Burial	2/4/83		armor		Park Land	over	PG 1	Marvland

ADDRESS Pennsylvania ope-2617 Alexander S.

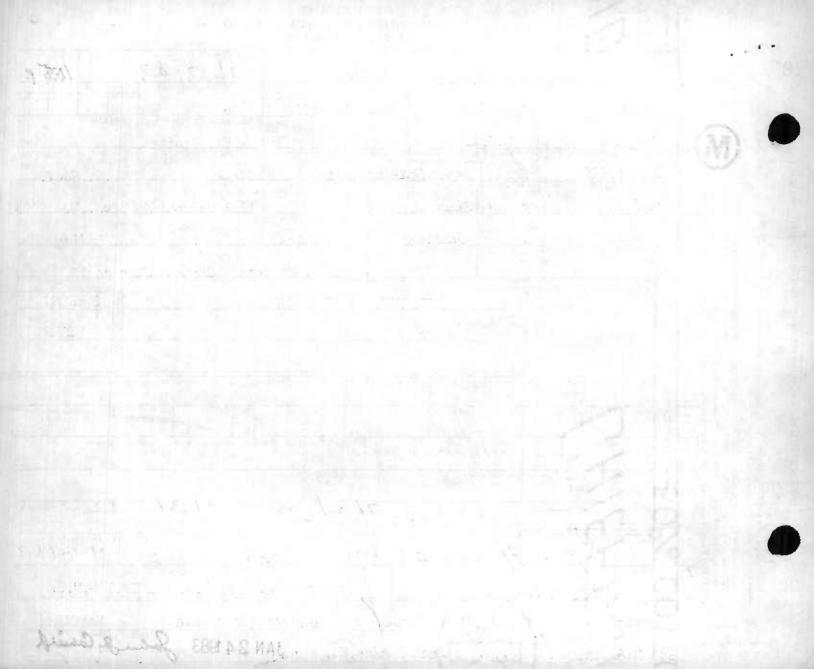
1250 DATE REC'D. BY REGISTRARY REGISTRAR'S SIGNATURE
FEB 9 1983 John J. Committee Memorial Park

DHMH-16 50M 1/81 (VRA 15, 4)

Harmony

A ST A STATE OF A STATE OF THE A LIGHT CONTROL OF THE STATE OF

	1.	FOR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL HY	GIENE 8 3 0	2 5 4 6
	1.	- STATE REGISTRAR		CERTIFICATE OF DEATH		
/	I. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO.	DAY YEAR 2b. HOUR
1 25		E OR PRINT)			1/13/87	Int o
pose 3	3. SE	Mary_	14. RACE Floise	Updike. 15. Date OF BIRTH	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	IF UNDER 1 YEAR IF UNDER 24 HRS.
offe of				MONTH DAY YEAR	IA.	ONTHS DAYS HOURS MIN.
oge some		emale IRTHPLACE (STATE OR FOREIGN	Caucasian 7b. CITIZEN OF WHAT COUNTRY	Jan. 12, 1894	9. BALTIMORE CITY OR COUNTY	OF DEATH
	100	COUNTRY)		MARRIED NEVER MARRIED	S. BALTIMORE CITT OR COUNTY	OF DEATH
e MI		aryland ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED DIVORCED	Pr. George's	MD
# S	17		(IF NOT IN SUCH FACILITY, GIVE STRE	ET ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING LIFE	126. KIND OF BUSINESS OR INDUSTRY
2 6 = 0		yattsville	Sacred Heart N	Jursing Home	Clerk	IU.S. Gout
dbe in	13e.	STATE	OTHER INSTITUTION, GIVE RESIDENCE BEFO	ORE ADMISSION) WN 13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	
2 II 5			tgomery Silver		1131 University	Blud W. 209
athir	14. F.	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN NA	AME	LAST
w pe du pe de	1	Walter	L. Jackso		A .	Baileu
nd co		WAS DECEASED EVER IN U.S. A	ARMED FORCES? 16b. SOCIAL SEC		ADDRESS	
00 5	-N		JIVE WAR OR DATES!	Agnes G. McKe	enzie Sister Sax	ne as 13
icion sicion ol.		18 CAUSE OF DEATH (Enter	only one couse per line far (o), (b), (THE STATE OF THE S	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
physical phy		PART I. DEATH WAS CAU	SED BY:	STIVE HEART FAILUR	F	2 WEEKS
00000		4 192 MMEDI				- Weeke
		Conditions, if pny, which	DUE TO, OR AS A CONSEQ (b) ASCV1			5 YEARS
e otten motion, froume		gave rise to immediate				3 7 27110
by the ase rer I, crem other		couse (a), stating the underlying couse last.	DUE TO, OR AS A CONSEO	UENCE OF		
ed by please rial, cr		DART O CTUED CICLUSICAL	(c)	2 25 27 1 2 1 7 1 2 7 2 7 1 7 1 7 1 7 1 7 1		1
sign hen to bu	Z	PART 2 OTHER SIGNIFICAN	CONDITIONS CONTRIBUTING IC	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVE	N IN PART HO
0 - 0 -	CERTIFICATION	19e. DATE OF OPERATION	19h CONDITION FOR WHIC	TH OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YES.	, WERE FINDINGS USED
	F	The Brite of Oren House	The condition to k time	TO ENTROL WAS EN ONNED	IN CERTIF	YING CAUSES OF DEATH?
icion.	E	216, ACCIDENT WAS UNDERLYING	1 21b. TIME OF INJURY	Tale HOW INTURY OCCUR		NO []
Z S S O F SO		OR CONTRIBUTING CAUSE OF D		DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 18 PA	ART 1 OR PART 2)
	N	(IF EITHER, NOTIFY MEDICAL EXAMIN		19		
the but we do not have	MEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	E. FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE
offer the offer the orked orked		AT WORK NOT WHILE		, ,	1 - 1	
S - C S - C			pital) attended the deceased from	0-11		19 3, that (I) (we) lost
Spite Spite		sow the deceased olive abave, (1) (we) (did	on19.	ond that in (my) (our) apinion	death occurred on the date and hour	and from the causes stated
OR AT DIRECTORNEY Oched f Dept. of		22b. SIGNATURE	111	DEGREE	To the second se	22c. DATE SIGNED
AL DAL DIE DE		Le	14 and	MATTENDING PHYSICIAN	MEDICAL STAFF	11/4/83
SPIT SPIT	1_	224. PHYSICIAN'S NAME (TYP	E OR PHINT	22e ADDRESS		
etoined by 170 FUNERAL should be de with the Stot		DENNIS I	UNIO	AGOO CONN A	VENUE, N.W., WASHI	NGTON.D.C.
TO HOSPITAL OR retoined by the horizontal DIR should be detocht with the Store Der IMPORTANT: If he	230	BURIAL, CREMATION, REMOVA		NAME OF CEMETERY OR CREMATORY	123d LOCATION	
BP		Ispecieri Burial		ouden Park Cemeteri	CITY OR TOWN	Maryland
DF						RAR'S EIGNOURE
HMH - 16 50M 4/B2		UNERAL DIRECTOR Franc	Blud (1) Cipiess		N 24 1983 John	- J. Cohulf
(VRA 15, 4)	50	0 University	Blvd., W. Silve	i spricing, ma. or		



6	1 -	FOR STATE REGISTRAR	DEPAR	STATE OF MARYLAND TMENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 5 D	2541	*
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR	
poge 3	1	CLAIF	RE W.	UPTON	01-07	7-83 11:45	MA
frer	3. SE	X	4. RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HE	RS IN.
1811		emale	White	June 23, 1905	77 YRS.		
411	_ 1	RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTRY	AARRIED NEVER MARRIED	9 BALTIMORE CITY OR COUNTY		
t /		olorado	U.S.A.	WIDOWED DIVORCED			MD.
W)	2	TY OR TOWN OF DEATH CHEVERLY	PRINCE GEORGE	ING HOME OR OTHER INSTITUTION S GENERAL HOSPITAL	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LII Manager	Reading Co	or our
	Ma	ryland Anne	OTHER INSTITUTION, GIVE RESIDENCE BEFO 130. CITY OR TO Arundel Lau	rel YES □ NOX	3575 Ft. Mea	Apt.60 ide Rd. 2070)4)7
The state of the s		Clair	MIDDLE LAST	15 MOTHER'S MAIDEN N LOTTIE	S and the same of	Teats	
io		VAS DECEASED EVER IN U.S. AR (ES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIAL SEC 095-14		· Upton same	as #13	
ro burial, cremation, or removal ijury, ar ather traumatic event, ti	Z	Conditions, if ony, which gove rise to immediate cause (o), stating the underlying cause lost.	DUE TO, OR AS A CONSEQ (c) DUE TO, OR AS A CONSEQ (c) CONDITIONS CONTRIBUTING TO	Terry Failure UENCE OF UENCE OF VISIONE HEART 1	Failure RMINAL DISEASE OR CONDITION GIV	APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT	
any ir	CERTIFICATION	190 DATE OF OPERATION	196. CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20e AUTOPSY? 20b. IF YES IN CERTIF	S, WERE FINDINGS USED LYING CAUSES OF DEATH?	
or Hem 18 shows	MEDICAL CER	210, ACCIDENT WAS UNDERLYING ON CONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH	DAY YEAR 19	JRRED (ENTER NATURE OF INJURY IN ITEM 18 P		
5	MED	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE	. FARM, ETC.) 211 LOCATION STREET	CITY OR TOWN	COUNTY STATE	
21 is mark		220.1 certify that (1) his haspi saw the deceased alive on	tol) ottended the deceased from 172 19 t) view the body ofter death.	~ - /	on death occurred on the date and hou	19 <u>£3</u> , that (1) we'll are and from the couses stated	
NT: If them		/ du	Steinl	FITTSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED	
MPORTANT		22d. PHYSICIANS NAME (TYPE O	Steinberg	220 ADDRESS 6492	Landover Ro	P, Landon,	14
		SURIAL, CREMATION, REMOVAL SPECIEY) Cremation	1/8/83 F	ort Lincoln Cre	matory Brentwoo		Md.
OM 4/82	FI 7	ECK FUNERAL 501 Sandy Sp	HOME, INC ADDRESS ring Rd. Lau	cel Md 20707	ATE REC'D. BY REGISTRAR PREGIST IN 101983	RAR'S SIGNATURE	

ATILITY OF THE PROPERTY OF THE

S.S. Maryland 20904

- STATE

Hines Rinaldi Funeral Home

(VRA 15, 4)

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE

THE PERSON NAMED IN		MIDWARD TY		27.EALU
The state of the s		L July L	vates	o.La.
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E700 Selevest Road, 2003		ALL VALUE	ice Georges Hy	199 bushyan
Saundorn	V. Zalk	and ord	miv.	makani.
(eff na srme)-sine-opriouds	n27 .H	onitaly ASSS-C	1-212 01	
	13 m			

Hurtel Mineral Rose 18, Maryland Cenetary Samutaned Production (M. Ave., Ave.)

STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO . DECEASED NAME KNOWN (TYPE OR PRINT) ESTI-OF John M. Wagnon DEATH MATED AGE (IN YEARS IF UNDER 1 YR. IF UNDER 24 HRS DATE AST BIRTHDAY) PRONOUNCED 03 DEAD TO BIRTHPLACE (STATE OR CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY MARRIED NEVER MARRIED U.S.A. DIVORCED 2, AND 3 TO THE FUN 3. RETAIN PAGE 5 F 2 SHOULD BE FUED W. AL RECORDS, 201 W. F Alabama IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 126 KIND OF BUSINESS OR INDUSTRY Clinton 8809 Old Branch Avenue Antique Dealer Antiques USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION 20735 136 COUNTY 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 8809 Old Branch Avenue Maryland Prince George Clinton YES T WITH FORM PM 3. IT. PAGES I AND 2 SH DIVISION OF WITAL R 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Georgia Thornton Wagnon John 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO 8809 Old Branch Ave. (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES) John M. Wagnon No Clinton, Maryland CAUSE OF DEATH (Enter only one cause per lift for (g), (b), and (c).) AND MENTAL HYGIENE, ATION, OR REMOVAL PART I DEATH WAS CAUSED BY terrorelesto candid vos enlar diseases IMMEDIATE CAUSE USED AS A BURIAL - TRANSIT Canditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g). 190. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? E 3 SHOULD BE USE E DEPARTMENT OF YES [NO 6 21g EXTERNAL CAUSE WAS 71b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY UNDERLYING OR YEAR CONTRIBUTING CAUSE OF DEATH 21f. LOCATION 21d. INJURY OCCURRED 21e PLACE OF INJURY TATHOME EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 3 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 P STREET, FACTORY FARM FTC 1 NOT WHILE AT WORK 22a I certify that I taak charge of the remains described above, held an Autopsy Inspection Suicide Hamicide Undetermined manner TITLE (SPECIFY) DATE 5009 RAYBURN CT. CAMP SPRINGS.MD 20748 TYPE OR PRINT 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION, REMOVAL 236. DATE 23d. LOCATION Burial 1/26/83 Clinton Resurrection Cemetery Pr. Geo. Maryland 24 FUNERAL DIRECTOR 6160 Oxon Hill Rd. **DHMH-17** George P. Kalas Funeral HomeOxon Hill. Md. (VR A15 ME (5) 15M 2/80

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

		REGISTRAR				CERTI	FICALE OF DEATH	REG.	NO.			
		E ASED NAME	FIRST		MIDDLE		LAST	20. DATE OF DEATH		DAY	YEAR	2b HOUR
	(TYPE	OR PRINT)	Mc	dona1d			Wallace	Ja	nuary	27,	1983	11:05A
	3. SEX			1. RACE			OF BIRTH		DER 1 YEAR	IF UNDER 24 HRS		
		Male		Black		Apr	11 6, 1906 Tell	76	YRS	MONT	H5 DAYS	HOURS MIN.
		RTHPLACE (STATE OR	FOREIGN	76. CITIZEN OF	WHAT COUNT	TRY? 8.	IED THEVER MARRIED	9 BALTIMORE CITY	OR COUN	TY OF I	DEATH	
ξ	5	Md.		U.S.	A.	WIDOV			orge	Cour	itv	M
1	10 CI	TY OR TOWN OF DE	ATH				OR OTHER INSTITUTION	12a. USUAL OCCUP.	ATION	12	2b. KIND O	F BUSINESS OR
1	I	Laurel			Laure1		ville Hospita	1 Labore		FIFE	NDUSTRY	
5	III. S	AL RESIDENCE (# NUR TATE Md.	THE COUN	ward	13c. CITY OR Laure	IOWN	13d. INSIDE CITY LIMITS?	13e. STREET ADDRES	s rmony	Lan	e	20707
	I4 FA	THER'S NAME		MIDDLE	LAST		15 MOTHER'S MAIDEN N					
0				allace	LASI		George George	rgiana Brad			£AS'	
,		AS DECEASED EVER	IN U.S. AR.	MED FORCES?	166 SOCIALS	SECURITY NO.	17 INFORMANT		DRESS			
9	(A	es, no or unknown) NO	(IF YES, GIV	E WAR OR DATES)	578-1	8-4635	Estella Wal	llace (wife) same	as	#13	
		18 CAUSE OF DEAT	H (Enter on	ly one couse per	•		,					MATE INTERVAL ONSET AND DEATH
		PART I. DEATH W		D BY: E CAUSE (o)	Vpea	mon	0				26	ar -
		4027	770712		R AS CONSI	EQUENCE OF					,	
		Conditions, if ony	, which	(1b)	Cerel	wasa	la acudo	mg -			1420	en
		gove rise to im-		DUE TO O	R AS A CONSI	EQUENCE OF	0	1	*		- 15	
	5	underlying couse	lost.	(c)	Hype	tenn	of Cuestiona	ander dues	ne		use	an
	-	PART 2. OTHER SIGI	NIFICANT C	ONDITIONS CO	DUTTEUTING	TO DEATH BU	IT NOT RELATED TO THE TE	MINAL DISEASE OR CO	NOTION	IVEN I	LPART Ite	o l
	ě	flo	1 1	eny	My	noles	me ent to	ngestuft	2/10	we	conf	1.12
1	CERTIFICATION	190. DATE OF OPERA	TION	196 COND	ITION FOR WE	HICH OPERATI	ON WAS PERFORMED	200 AUTOPSY?				OF DEATH?
<	RT	12/28/8	2	ra	iema	MA	nglantation	YES NO		YES [NO 🗌
1		210. ACCIDENT WAS UN	_	110110 4	M. MONTH	DAY YEA	21c. HOW INJURY OCCU	IRRED (ENTER NATURE OF I	NJURY IN ITEM 18	B PART I	OR PART 2)	
	ICA	(IF EITHER, NOTIFY MEDI	CAL EXAMINER) P.		19						
	MEDICAL	21d. INJURY OCCUR		21e. PLACE ((AT HOME, STE	OF INJURY REET, FACTORY, OF	FICE FARM, ETC)	211. LOCATION STREET	CITY OF	NWOI	(COUNTY	STATE
		AT WORKAT WO	RK					3 1/2	7		97	
		22a. certify that (1) sow the deceas		1/07	e deceased fr		ond that in (my) (pur) opinio	<u></u>		. 19_		that att (we) los
		obove, (I) (we) (did) (did no	t) view the body	after death.	17	DEGREE	on death accurred on the	dote and n	our one		
1		226. SIGNATURE		-N/	1.11	-	ATTENDING	MEDICAL S	TAFF		22c. DATE	7/87
	106	22d PHYSICIAN'S N	AAF ITYRE	-101	Na	who !	PHYSICIAN 22. ADDRESS	DIRECTOR PHY	SICIAN		1121	7/07
		Dennis	R-	Suhun	ner i	mp		al Prux Di	.#1	02	Car	Ind.
		URIAL, CREMATION,	REMOVAL	23b. DATE		23c. NAME OF	CEMETERY OR CREMATORY	23d LOCATION CITY OR LOWN	2	2 00	UNTA -	MA STATE

DHMH - 16 50M 4/B2 (VRA 15, 4)

BP.

IMPORTANT: If Item 21 is marked or Item 18 shows any

should be detoched for use as with the State Dept. of Health

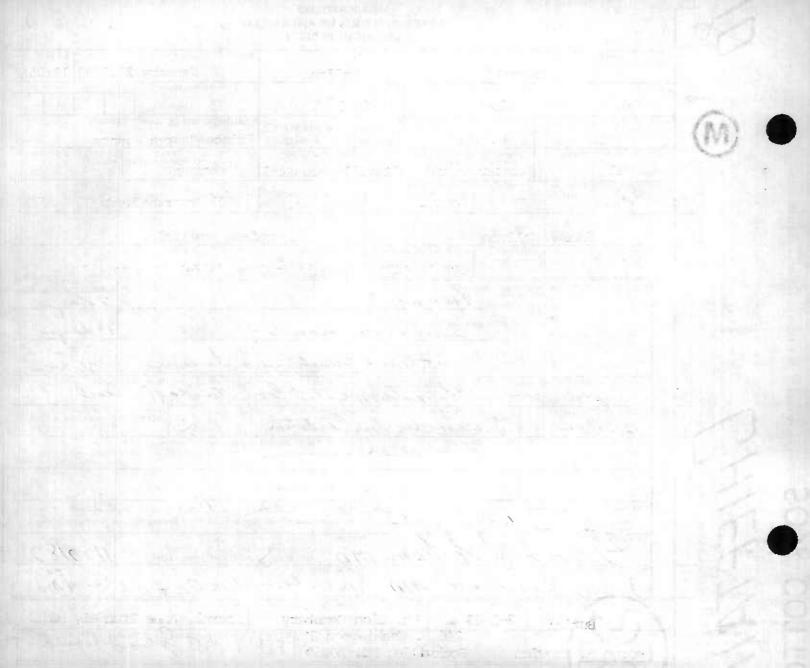
George R. Snowden

24 FUNERAL DIRECTOR

Burial

2-1-83

Laurel, Anne Arundel, Md. State Mt. Zion Cemetery Laurel, Anne Arundel, M 246 N. Washington St. 250 DATE REGISTRARKY REGISTRARY SIGNATURE Rockville, Md. 20850 FEB 4 1983



	FOR 1 - STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL HYO ICATE OF DEATH	GIENE 8	REG. NO.	2	5	5
	1. DECEASED NAME	FIRS1		MIDDIE	ı	AS1	20 DATE OF	DEATH MONTH		YEAR	26 HOUR
	(THE OKPAINT)	Mary		E	W	allach		1	22	83	11:55
	3 SEX	11 15 23	4 RACE		S. DATE C		6. AGE (IN YE	ARS LAST BIRTHDAY)	IF UNDER	RIYEAR	IF UNDER 24 H
	Female		White		MONTH 9-	28-1907 YEAR		75 YR	MONTHS	DAYS .	HOURS M
	TO BIRTHPLACE (STATE C	R FOREIGN		WHAT COUNTRY?	8		9 BALTIMOR	E CITY OR COUN	TY OF DE	ATH	
84/	Wash. I	0.0	U.S.A. WIDOWED DIVORCED Prince						s Con	ntv	
0	10. CITY OR TOWN OF D		11. NAME OF	HOSPITAL, NURSIN	G HOME C	OR OTHER INSTITUTION		CCUPATION			F BUSINESS
173	Riverdale		(IF NOT IN SUC	H FACILITY, GIVE STREET. Memoria	ADDRESS)		(TYPE OF WORK	etired	LIFET INDI	USTRY	
35	Md.	13P CON	OUNTY 130 CITY OR T		YES K NO		13e STREET ADDRESS 2403-Hannon		St. (2078		0783)
104	14 FATHER'S NAME FIRST Will	iam	MIDDLE H.	Gill Gill		IS. MOTHER'S MAIDEN NA Eva	Ma;	WIDDIE	G:	rim	es
0 /				16h SOCIAL SECU	RITY NO.	17. INFORMANT		7924 -	Man	dan	Rd.
1/	No	(11 123, 011	e WAR OR DATES	577-05-	5064	Doris E.	Mead	Greenb			
	Conditions, if an gave rise to it cause (a), statunderlying cau	CAUSE OF DEATH (Enter only of PART I. DEATH WAS CAUSED BY MAMEDIATE COnditions, if any, which over rise to immediate (1) stating the		R AS A CONSEQUE	40 NCE OF	Myocal	Rial	Lufa	- Au	9	Luy
nlury	Z O PART 2. OTHER SIG	JNIFICANT (LONDITIONS <u>CC</u>	ONTRIBUTING TO D	PEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE	OR CONDITION (SIVEN IN P	ART Ira	

DUE TO, OR AS A CONSEQUENCE OF underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a CERTIFICATION 19a. DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YES, WERE FINDINGS USED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NOF 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL P.M. (IF EITHER NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED 21e PLACE OF INJURY III. LOCATION STREET CITY OR TOWN (AT HOME STREET, FACTORY OFFICE FARM ETC.) NOT WHILE 220.1 certify that (1) (this hospital) attended the deceased from and that opinion death odurred an the date and have and from the causes stated HTENDING PHYSICIAN DIRECTOR | PHYSICIAN 23e. BURIAL, CREMATION, REMOVAL 23b. DATE

BP. DHMH - 16 50M 1/81 (VRA 15, 4)

O FUNERAL DIRECTOR.

Drior

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MPORTANT: #

per

Burial 1-26-83 24 FUNERAL DIRECTOR Mt. Rainier, Md. Nalley's

F.H. Inc.

23c NAME OF CEMETERY OR CREMATORY Cedar Hill Cem.

23d LOCATION Suitland

Pr. Geo. Md.

NO [

STATE

12b. KIND OF BUSINESS OR B. Gov't.

COUNTY

to the state of th .ve Bellen, and es 1180 III tribia . Dr. . Blocker - Broth A. Clark - Bryonsole, Id. Toky Commission of the party of the The telegraph of the first of the 70 /= 22 35 Level to the contract of the c THE ASSESSMENT OF STREET STREET STREET, STREET STREET, STREET STREET, STREET,

FOR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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F.	REGISTRAR		CERTIF	ICATE OF DEATH	REG.	NO.		
	CEASED NAME FIRST	MIDDLE	ł	AST	20. DATE OF DEATH	MONTH D	AY YEAR	2b. HOUR
	Ida	Aleine	Wat	son	1 1-6	1 83	3	6:10 1 M
3 SE	X	4. RACE	5. DATE C		6 AGE (IN YEARS LAST		IF UNDER I YEAR	IF UNDER 24 HRS
	Female	Caucasian	Aug		83	YRS	ONTHS! DATS	HOURS MIN.
	IRTHPLACE (STATE OR FOREIGN TOUNTRY)	b CITIZEN OF WHAT COUNTRY?	8 MARRIE	D NEVERMARRIED	9 BALTIMORE CITY	OR COUNTY	OF DEATH	
M	aryland	U.S.A.	WIDOWE		Prince	George		MD
10 C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING		OR OTHER INSTITUTION	120 USUAL OCCUPA			F BUSINESS OR
C	linton	Southern Maryl	and	Hospital	Homemaki		Own I	Home
USU 130.	AL RESIDENCE (IF NURSING HOME OR C STATE 136 COUNT	TY 13c CITY OR TOWN		13d INSIDE CITY LIMITS?	13e STREET ADDRES	,		613
M:	aryland P.G.			YES NO	16400 R	Lver A	irpor	t Road
14. E.	ATHER'S NAME	IDDLE LAST		15. MOTHER'S MAIDEN NAM	ME MIDDLE		LAS	
		enry Watson		Ida	Amelia	3	Seger	
	WAS DECEASED EVER IN U.S. ARM	MED FORCES? 166 SOCIAL SECUR	ITY NO.	17 INFORMANT	17608ADG		Road	
	YES, NO OR UNKNOWN) (IF YES, GIVE	218-30-2	685	Philip C.	Watson 8:	randyw	ine,	Md.
	18 CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED		(.)	. I Eac),,		BETWEEN	MATE INTERVAL
	IMMEDIATE	CAUSE (a) Cardu	o ac	eguny . an	Sarce			mot
	7097	DUE TO, OR AS ASOMSEQUEN	ICE OF	andr Occa-	had		16	
	Conditions, if ony, which gave rise to immediate	(b)						
	couse (a), stating the underlying cause last	DUE TO, OR AS ACONSTQUEN	ICE OF	enew Vne P	lens all	rese-	1 gr	_
1_	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DE	ATH BUT	NOT RELATED TO THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 10	
ē								
CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH C	PERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING CAUSES	OF DEATH?
F					YES NO	YES		NO 🗆
	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEAT	21b. TIME OF INJURY HOUR A.M. MONTH DAY	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF IN	JURY IN ITEM 18. PA	RT OR PART 2)	
CAL	(IF EITHER NOTIFY MEDICAL EXAMINER)	P.M.	19				5.00	
MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FAR	M EIC }	211. LOCATION STREET	CITY OR	NWOI	COUNTY	STATE
1	AT WORK AT WORK		, ,	1 000	10			
	220.1 certify that (I) (this hospital	ol) ottended the deceased from	3	nd that (n thy) (our) opinion of	. to	, 1	9_13	that (1) (we) lost
	saw the deceased alive on-	19	, ar	nd that in (my) (our) opinion o	death occurred on the	date and hour	and from the	couses stated

22d. PHYSICIAN'S NAME (TYPE OR PRINT)

22b. SIGNATURE

22e ADDRESS

DEGREE

MEDICAL STAFF

DIRECTOR | PHYSICIAN |

chard H. Dobson

Brandywine-WaldorfClinic, 23c. NAME OF CEMETERY OR CREMATORY

Brandywine, Maryland

230. BURIAL, CREMATION, REMOVAL 23b DATE Burial

1-12-83

23d. LOCATION
CITY OF TOWN

8 Baden, Immanuel Church Cem. Baden,

250 DATE REC'D. BY REGISTRAND

250 JAN 12 1983

24 FUNERAL DIRECTOR DHMH - 16 50M 1/81 (VRA 15, 4)

TO FUNERAL DIRECTOR: After should be detached for use as with the Stote Dept. af Heolth

BP.

MPORTANT: If the

Huntt Funeral Home, Waldorf, Maryland

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Transperson . Losed H. Losels - Province Links, Parvised in

Gustal 1-12-63 Temphoral Courses Cem. Water, E.S., PMD.

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W. W. Chambers Co, 8655 Georgia Ave, Sil. Sp.

FOR

(VR A 15 (4))

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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24 FUNERAL DIRECTOR FRANCIS J. COLLINS

500 UNIV. BLVD., W., SILVER SPRING, MD. 20901

DHMH - 16 50M 4/B2

(VRA 15, 4)

DECEASED NAME

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

LAST

REG. NO

2b. HOUR

12b. KIND OF BUSINESS OR

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

WIEGAND

COUNTY

22c. DATE SIGNED

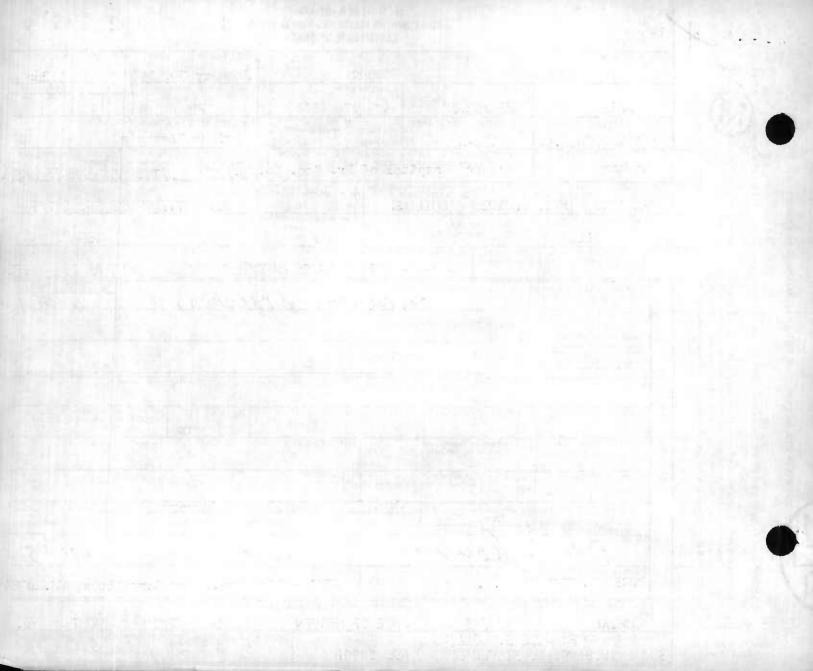
MONT

431-f

STATE

MD.

20 DATE OF DEATH



STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIEN - STATE MEDICAL EXAMINER'S CERTIFICATE REGISTRAR REG. NO L DECEASED NAME 2a. DATE KNOWN 2h HOUR (TYPE OR PRINT) ESTI-DEATH MATED MACK NMT 832:32A WHITE JAN 6 19 3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (IN YEARS | IF UNDER 1 YR. DAY IF UNDER 24 HRS DATE 2d HOUR LAST BIRTHDAY) PRONOUNCED 30 1921 MALE JUNE 61 DEAD BLACK JANUARY 6 19 83 YRS Th CITIZEN OF WHAT COUNTRY To BIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH FOREIGN COUNTRY) NEVER MARRIED UNITED STATES VTRGTNTA WIDOWED DIVORCED PRINCE GEORGE'S COUNTY AND 3 TO "... RETAIN PAGE 5"... ID BE FILED. 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY ANDREWS AFB MALCOLM GROW USAF MEDICAL CENTER MICROBIOLOGIST SCIENCE USUAL RESIDENCE (IF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 13a STATE 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MARYLAND PRINCE GEORGES FORESTVILLE 6608 EVANSTON ST. YESK DIVISION OF LITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME AND 2 MIDDLE CIRST LAST FIRST MIDDLE MACK WHITE IDA BOOKER GIVE PAGE 7. INFORMANT 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO **ADDRESS** IYES NO OR LINKNOWN) (IF YES, GIVE WAR OR DATES) YES WW 11 155-01-4311 HELEN ROSE WHITE SAME AS 13E 18 CAUSE OF DEATH (Enter only one couse per lips for (st), (b), and (c).) APPROXIMATE INTERVAL A BURIAL - TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, RIAL, CREMATION, OR REMOVAL PART I DEATH WAS CAUSED BY mension declar vaseuls IMMEDIATE CAUSE DUE TO, OR AS A CON SEQUENCE OF Conditions, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES [] 3 SHOULD BE L DEPARTMENT C PRIOR TO BUF NO P NER: PRINCE INC.
COTE, WRITING INC.
FORWARDED TO THE C 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH DAY YEAR UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211. LOCATION EXECUTE THE CERTIFICATE, WRITIN PAGE 4 SHOULD BE FORWARDED TO FUNERAL DIRECTOR: PAGE 31 AFTER DEATH, WITH THE STATE DE BALTIMORE, MARYLAND, 21201 PI AT WORK NOT WHILE STREET, FACTORY, FARM, ETC.) CITY OF TOWN COUNTY 220. I certify that I took charge of the remains rescribed above, held an Autopsy Inspection Hamicide death resulted fram Undetermined manner TITLE (SPECIFY) DATE Deputy MEDICAL EXAMINER 5009 Rayburn Ct., Camp Springs, Md. EXAMINER'S NAME Augusto 23a, BURIAL, CREMATION, REMOVAL 23b. DATE 13 NAME OF CEMETERY OR CREMATORY Burial Petersburg, Virginia Blandford Cemetery Jan. BP. **DHMH-17** Benning Rd. Funeral (VR A15 ME (5)

15M 2/80



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		1.	FOR STATE REGISTRAR			DEPA	RTMENT OF H	OF MARYLAND EALTH AND MEN ICATE OF DEA	TAL HYG	IENE 6 3	0	2	5 5 /
			CEASED NAME	FIRST		MIDDLE	ı	AST		2a. DATE OF DEATH		YEAR	26 HOUR
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t moy		3. SE			1. RACE		5. DATE C		YEAR	6. AGE (IN YEARS LAST E	BIRTHDAY) IF	UNDER I YEAR	HOURS MIN.
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fter this os the bu h ond M	orkedor	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WO			E OF INJURY STREET, FACTORY, OFF	FICE, FARM, ETC)	ZII LOCATION STREET		CITY OR	IOWN	COUNTY	STATE
the hospital or AL DIRECTOR: A Jetoched for use ote Dept. of Heali	Hem 21 is m		270. I certify that (1) sow the decease above, (1) (we) (c 27b. SIGNATURE	d olive on_	1-	20	9 83 , or	DEGREE	NDING	deoth occurred on the	AFF		
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BP			BURIAL, CREMATION, (SPECIFY) Cremati UNERAL DIRECTOR NAMERODER	on	Jan.2	22,1983	Ceda	emetery or Creater Hill	Cren 250. DAT	13d LOCATION CITY OF TOWN natory S E REC'D. BY REGISTRA AN 26 1983	uitlan	R'S SIGNAT	STATE Md.
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STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR REG. NO DECEASED NAME KNOWN 2a DATE (TYPE OR PRINT) OF ESTI-Winters Robert Ernest 10 83 DEATH MATED 3. SEX 4 RACE DATE OF & AGE (IN YEARS IF UNDER 24 HRS DATE T BIRTHDAY PRONOUNCED Male 19 83 Caucasiah 10 69 DEAD 7a BIRTHPLACE (STATE OR TE CITIZEN OF WHAT COUNTRY? 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Prince George's DIVORCED WIDOWED [Washington. D ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 120. USUAL OCCUPATION (TYPE OF WORK 12b. KIND OF BUSINESS Roslyn Ave. Sheet Metal Sheet Metal Worker Forestville USUAL RESIDENCE LIF IN NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136 COUNTY 13d. INSIDE CITY LIMITS? 13e STREET ADDRESS 13c. CITY OR TOWN Forestville 2517 Roslyn Avenue Prince George Maryland NO [DIVISION OF VITAL 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME CV MIDDLE Winters Ernest Brown Agnes 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16b. SOCIAL SECURITY NO 2517 Roslyn Avenue 578-03-9925 Winters Forestville. Md. No CAUSE OF DEATH (Enter only one couse pepline for (a), (b), and (c). USED AS A BURIAL-TRANSIT PERMIT. OF HEALTH AND MENTAL HYGIENE, D RIAL, CREMATION, OR REMOVAL. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., enopelious Lander Vos con PART I DEATH WAS CAUSED BY IMMEDIATE CAUS DUE TO, OR AS A CONSEQUENCE OF if ony, which gove rise to immediate cause (o) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying couse lost. PART 2 DTNER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g) 19g DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? WRITING THE WORD '
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ATE DEPARTMENT OF YES 🗌 NO A 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 21 HOUR A.M. MONTH DAY OR YEAR UNDERLYING CONTRIBUTING CAUSE OF DEATH 21e PLACE OF INJURY 211. LOCATION (AT HOME. STREET, FACTORY, FARM, ETC.) STREET CITY OR TOWN STATE COUNTY AT WORK NOT WHILE PAGE 4 SHOULD BE FORWARD TO FUNERAL DIRECTOR: PAGE AFTER DEATH, WITH THE STATE I BALTWORE, MARYLAND, 21201 AT WORK X 22a I certify that I took charge of the remains described above, held an Autopsy Inspection and in my apinian Hamicide Natural causes Undetermined manner Deputy DATE 1/1/1983 MEDICAL EXAMINER Augusto P. Rodriguez, M.D. ADDRES 5009 Rayburn Ct., Camp Springs. Md. 23a.BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION STATE Glenwood Cemetery Burial 1/4/83 Washington, D. C. BP 24. FUNERAL DIRECTOR 250. DATE REC'D, BY REGISTRAR 6160 Oxon Hill Rd. **DHMH-17** George P. Kalas Funeral Home Oxon Hill. Md. (VR A15 ME (5) 15M 2/80

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D. A. mother was the family from the first to be de-

29Jan83

Wilhelm

Funeral Home Inc

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR REG. NO LAST MIDDLE 20. DATE OF DEATH MONTH DECEASED NAME 26 HOUR 1/26/83 6. AGE (IN YEARS LAST BIRTHDAY) IF UNGER I YEAR 9. BALTIMORE CITY OR COUNTY OF DEATH PRINCE GEORGE'S 176 KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Saleslady RET Woodies 2514 Darel Drive 20746 Same as #13 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO [21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) COUNTY STATE ond that in (my) (and opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED DIRECTOR | PHYSICIAN

ADDRESS Suitland, Md

Washington

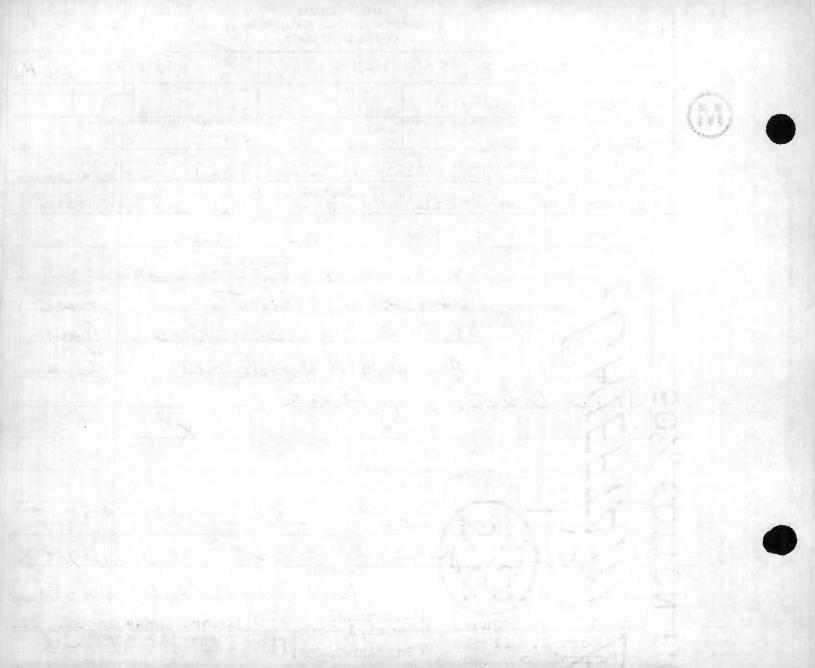
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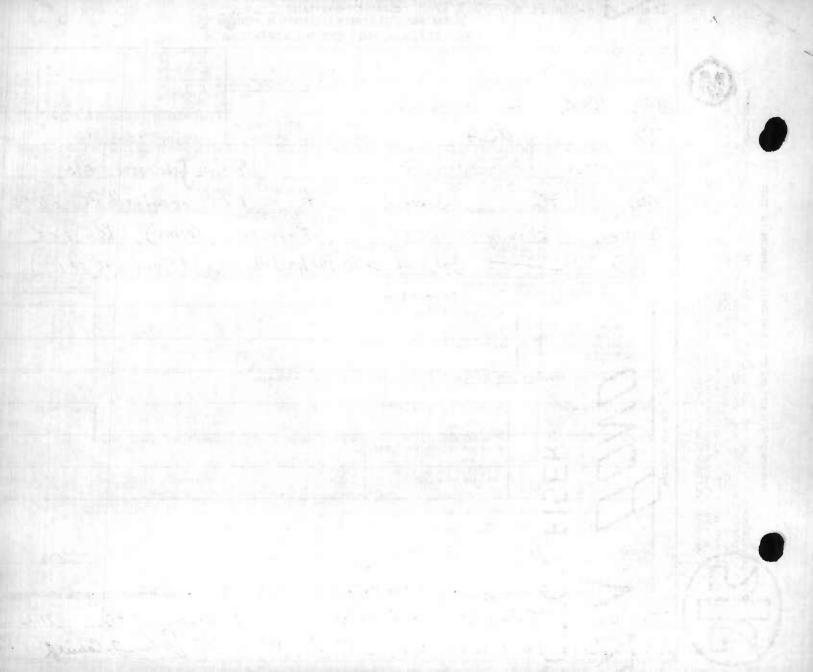
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Burial

24 FUNERAL DIRECTOR E.



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BALTIMORE, MD. S AFTER DEATH. IF GIVE PAGES 1, 2, I'MF FORM PM 3. PAGES-1 AND 2.5 DIVISION OF VITAL			GIVE WAR OR DATES)			Mil CIN	DIMONE	Sams	AS 7	413)		
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DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MD. 21201 JER. THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH. IF ANY DELAY IS AFTE, WRITING THE WORDS "PENDING". IN PRINCIL IN TIEM 18. GIVE PAGES 1, 2, AND 3 TO THE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM PM 3. RETAIN PAGE OR: PAGE 3 SHOULD BE USED AS A BURIAL. TRANSIT PERMIT. PAGES-1 AND 2 SHOULD BP-FILED HE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, DIVISION OF VITAL RECORDS, 201, ND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.	MEDICAL	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e PLACE	OF INJURY (AT HOME, CTORY, FARM, ETC.)	21f. LOC	ATION REET	CITY OR 1	rown	COUNTY	STATE		
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TO MEDICAL EXU EXECUTE THE CER PAGE 4 SHOULD TO FUNERAL DIR AFTER DEATH. W		EXAMINER'S NAME (TYPE OR PRINT)	Marga	A. Korell,	M.D.	ADDRESS 111	Penn St	., Balto	Md.			
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DHMH - 17	24 FI	UNERAL DIRECTOR	ADDRE	55	, 20	1000	REC'D. BY REGISTI		RAR'S SIGNA	TURE		
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STATE OF MARYLAND

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STATE OF MARYLAND

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STATE OF MARYLAND

Unknown

DEPARTMENT OF HEALTH AND MENTAL HYGIENE 3 CERTIFICATE OF DEATH

- STATE REGISTRAR REG. NO 20 DATE OF DEATH MONTH DECEASED NAME FIRST 2h HOUR TYPE OR PRINTI 1983 January 31. 4:59P ... Edward Wynn James IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) 1 SEX 4 RACE MONTH 23° 1923 Male Negro Sep. To BIRTHPLACE (STATE OR FOREIGN 9. BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED United States WIDOWED Prince George's County North Carolina DIVORCED F NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION 12h KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Malcolm Grow USAF Andrews AFB Med Cen Military Military USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSION) 13b. COUNTY 13d. INSIDE CITY LIMITS? 130. STREET ADDRESS 13c. CITY OR TOWN 3217 Walters Lane Maryland P.G. Forestville 15 MOTHER'S MAIDEN NAME 14 FATHER'S NAME

Martha

4224 SWF land Road, #302 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 1943-196 238-20-9298 Jeffrey Wynn Suitland, Maryland Yes BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH Enter only one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY RESPIRATORY ARREST Minutes MMEDIATE CAUSE (0) AS A CONSEQUENCE OF CARDLO PLY BUCK ARX Conditions, if any, which gave rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF

Wynn

ADENCEARCINOMA OF COLON PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NOIX YES [210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 214. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH 10 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f LOCATION COUNTY STATE CITY OF TOWN AT HOME, STREET FACTORY, OFFICE, FARM ETC.)

24/ SERP 229.1 certify that (1) (this hospital) attended the deceased from 31 JAAN 803 saw the deceased alive an_ and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did nat) view the bady after death.

22h SIGNATURE DEGREE 22t. DATE SIGNED MEDICAL

PHYSICIAN DIRECTOR PHYSICIAN THE PHYSICIAN'S MAME ITHE OF MINT 22. ADDRESS 20331

Malcolm Grow USAF Med Cen, AAFB, Md. 23¢ NAME OF CEMETERY OR CREMATORY 123d LOCATION 230. BURIAL CREMATION, REMOVAL 23b. DATE

February 5, 1983 First Zion Grove Cemetery Plymouth, Washington, NC Burial 24 FUNERAL DIRECTOR Lee Fueral Home, Inc. 250. DATE REC'D. BY REGISTRAR 251- REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/B2 66B3 Old Alexander Ferry Road, Chinton, Maryland (VRA 15, 4)

MIDDLE

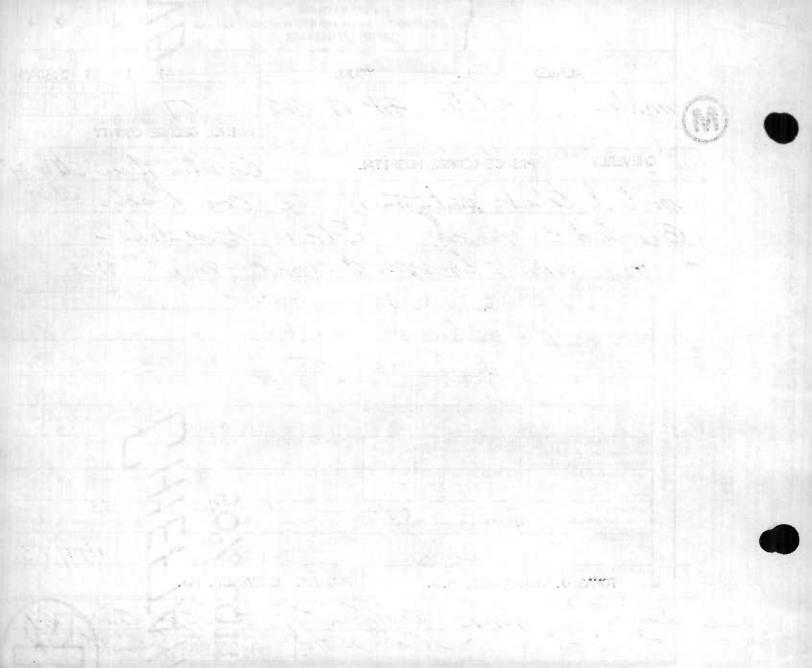
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underlying cause last

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	1.	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTA		0 2	5 6 5
-		REGISTRAR		CERTIFICATE OF DEATH	REG. NO).	
e 4		CEASED NAME FIRST OR PRINT)	WIDDLE	LAST	2a. DATE OF DEATH	MONTH DAY Y	YEAR 26. HOUR
deol		ALFRED		YOUNG			83 2:30A
(1.58	rale	4. RACE White	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT		DAYS HOURS ME
W		RTHPLACE (STATE OF FOREIGN)	76. CITIZEN OF WHAT COUN	TRY? I MARRIED NEVER MARRIED WIDOWED DIVORCED	THE SECOND	R COUNTY OF DEA	
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Pogni e		(ES, NO OR UNKNOWN) (IEXES, GR	MAR OR DATEST	SECURITY NO. 17 NFORMANT 08621 Evelyn	ADDRE SAMENE	Some T	13
n signed by the ottendin Then please remove cork to burial, cremotion, or injury, or other troumotic	NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONS	onay lerlery &	TERMINAL DISEASE OR COND	DITION GIVEN IN PA	ART Ita
te has been sit permit. Giene prior shows any i	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR W	HICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE IN CERTIFYING CA	FINDINGS USED AUSES OF DEATH?
this certificate has the burial-transit per and Mental Hygiene god or them 18 shows		210 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE-	HOUR A.M. MONTH	DAY YEAR	CCURRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR P	ART 2)
After this c e as the bur olth and Me marked or H	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.) 211 LOCATION STREET	CITY OR TO	vn cour	NTY STATE
RECTOR: Af		22a. I certify that (I) (this hosp sow the deceased alive or abave, (I) (we) (did) (did no 22b. SIGNATURE	19	and the	to Jan., to Jan.		, that (I) (we) li im the causes stated DATE SIGNED
if h		R	enautr	ATTENDI	MEDICAL STAF	F	1/19/8:
01 0 10		226 PHYSICIAN'S NAME ATTOR	OR PRINT	220 ADDRESS			/ /
Should be with the S		728 PHYSICIAN'S NAME (TYPE OF TOMAS J. H	ERNANDEZ, M.D.	220 ADDRESS PGGH/MC	CHEVERLY, MD.		



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	11-	FOR STATE			H AND MENTAL H		
		REGISTRAR		AMINER'S	CERTIFIC ATE O	DEATH REG. NO	0.
		CEASED NAME FIRST	WINDLE		LAST	20 DATE KNOWN	MONTH DAY YEAR 26 HOUR
(As)	1111	E OR PRINT)	11	40	ung	OF ESTI-	30 83 00.20
(TATE)	3. SEX	(4 RACE	5 DATE OF BIRTH	1	NDER 1 YR. IF UNDER 2		MONTH DAY YEAR 2d HOUR
E E	J. JL.	A A	MONTH DAY YEAR	LAST BIPTHDAY) MONT		MIN PRONOUNCED	1 30 83 00 26
8288		MB	Mar. 29,1936			DEAD	19 AM
2000年2017		IRTHPLACE (STATE OR DREIGN COUNTRY)	76 CITIZEN OF WHAT COUNTRY	? B MARR	IED ANEVER MARRIE	9. BALTIMORE CITY C	OR COUNTY OF DEATH
日本の产品		shington, D.C	USA	WIDOV		[7]	eorge's Co. MD
SES S		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI			120 USUAL OCCUPATION (TYP	
F#8#871	LL	pper manbors	(IF NOT IN SUCH FACILITY, GIVE STREE	ADDRESS)		FOR MOST OF WORKING LIFE)	OR INDUSTRY
当5. 黒名 1 工	10.00	/	Prince Geor	ge's Ge	neral Hos	p. Salesman	
0 SEAS	13a S	AL RESIDENCE (IF IN NURSING HOME OF	Y 13r CITY OR	TOWN 207	732 INSIDE CITY LIMITS? 1	13e STREET ADDRESS	20712
21201 AND RETAND		aryland Prine	ce George Upp	er Marl	DON DAM		VAY SOUTH
0 FURNIT -		ATHER'S NAME			15. MOTHER'S MAIDEN	NAME .	
E-1893/_^		FIRST	MIDDLE LAST		FIRST	MIDDLE	LAST
S BB & B		Nathaniel was deceased ever in u.s. arw	V. Young	CECUPITY NO	Annie		keens
M MAGGET	100. V	ES, NO, OR UNKNOWN) (IF YES, GIVE V	(AR OR DATES)	SECURITY NO.	Mrs. Jean	n B. Young-w	ife-3510
BALTIMORE, MD. IRS AFTER DEATH. IF S. GIVE PAGES 1. 2. WITH FORM PM 3. C. PAGES 1 AND 2.S. DIVISION OF MATA.		yes	577 4	4 4364	Holloway	South Upper	Marlboro, Md.
: 56510		18 CAUSE OF DEATH (Enter ani)	ane cause per line far (a), (b), an	d (c).)	/		APPROXIMATE INTERVAL
PRESTON ST., ITHIN 24 HOUS CIL IN ITEM 18 WER ALONG W WAST PERMIT. AL HYGSTER.	200	PART I DEATH WAS CAUSED	BY:	2		+	BETWEEN ONSET AND DEATH
ON ST 24 HO ITEM 1 IONG PERMI GIENE,		250 IMMEDIATI	DUE TO, OR AS A CONSE	DIJENICE OF	ic ansi	3.1	
MO WOO		Canditians, if any, which	Occasion de la consensación de l	1			
A PER SERVICE		gave rise to immediate) sevendra	setic	Ketaa	cidores	
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L RECORDS, 201 W. PRESTON ST ULD BE EXECUTED WITHIN 24 HOU "PENDING" IN PENCIL IN ITEM 18 FF MEDICAL EXAMINER ALONG ED AS A BURIAL - TRANSIT PERMI HEATH AND MENTAL HYGIENE, AL, CREMATION, OR REMOVAL.		lying couse last.	la alc.	shalis	m		
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECTION OF THE WORD "PENDING" RIGHT OF THE MEDICAL 3E 3 SHOULD BE USED AS A BUR E DEPARTMENT OF HEALTH AND 101 PRIOR TO BURIAL, CREMATIN		PART 2 OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT NOT RELATED	O THE TERMINAL DISEAS	SE OR CONDITION GIVEN IN PART	1 (a)	
F VITAL RECORDS TE SHOULD BE EXE WORD "PENDING" THE MEDICAL SE USED AS A BU BE USED AS A BU BENT OF HEALTH AN D BURIAL, CREMAT	Z						
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SHOULD ORD "PE CHIEF A	2	THE DATE OF OFERATION	178. CONDITION FOR WH	CH OFERATION V	VAS PERFORMED!		20 AUTOPSY?
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ATE WEN THE WEN TO BE	8	210 EXTERNAL CAUSE WAS	HOUR A.M. MONTH DA	ZIC H	OW INJURY OCCURRED	ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
ON ON THE CALL TO	1	UNDERLYING OR CONTRIBUTING CAUSE OF D		19			
CERTIFICATE SHOULD RITING THE WORD "PEI DED TO THE CHIFF M DET TO THE	MEDICAL	214 INTERY OCCUPRED	21e PLACE OF INJURY		CATION		
S C C C C C C C C C C C C C C C C C C C	X	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)		STREET	CITY OR TOWN	COUNTY STATE
DIVISIC AL EXAMINER: THIS CERTII FE CERTIFICATE, WRITING OULD BE FORWARDED TO ALDIRECTOR: PAGE 3 SH H, WITH THE STATE OPPAGE S, MARYLAND, 21201 PRICE		AT WORK AT WORK					
DAYTE DO,		22a. I certify that I took charge	of the remaips described above,	held an Autap	osy , Inspection	, Inquiry , on	nd in my opinion
NOTITE A		death resulted fram: Nature	al causes X, Accident	, Suicide	, Hamicide .	Undetermined manner .	CHARLES IN A CONTRACT
REGENERAL SECTION OF S	17	Totali reserved train.	A course of	s, outlide		Ondetermined mariner [Manager of the second
X S S S S S S S S S S S S S S S S S S S	100	ACTUAL CAIN	1. 11156 .	^	TITLE (SPECIFY)		DATE 1-30-82
ATE ATE S		SIGNATURE	H. DAKE W	^	1.D. Depuly	MEDICAL EXAMINER	SIGNED
ON STATE OF THE ST		EXAMINER'S NAME		· V	21 111	0 27	
TO MEDICAL EXAMINE EXECUTE THE CERTIFICA PAGE 4 SHOULD BE FA AFTER DEATH, WITH THE BALTIMORE, MARYLAN	10000	(TYPE OR PRINT)	st annay	2015-10	ADDRESS	20710	
574548 -	23a.B	URIAL, CREMATION REMOVA	b. DATE A TOT. NAM	E OF CEMETERY	RCREMATORY	FISH LOCATION	COLANIX - CYAYE
BP	I	Burial /	eb/-3/1/983 C	heltenh	am/ Wation	al Cemetery	Cheltenham, Md
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DHMH - 17	9	tewart runera	1 Home-4001	Benning		8 1983 John	of wanty
(VR A15 ME (5))	10	rewar & milera	- 110 MC - TOOL	Denning	Treas 1 th drain	9	

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		REGISTRAR		MEI	DICAL EXAMIN	NER'S	CERTIFICATE (REG. NO.	M	
		E OR PRINT)	FIRST	- 45-12	MIDDLE		LAST	2	DATE KN	KXX NWO	-29-83	AR Zb HOUR
* 25 E			RONAL	D	WALTER		YOUNG	1	DEATH M	ATED [19	:: M
15 E	1. SEX	4 RAC		DATE OF BIRTH	6. AGE (IN YI				C. DATE		ONTH DAY YE	Zd HOUR
8	- M	apa No	240	March 25		RS.	HS DATS HOURS	MIN. IF	DEAD	1	-29-8319	1:15/
110	Fe. Bl	THE STATE OF	7	. CITIZEN OF WH		8. MARR	IED NEVER MARI	RIED XX 9	BALTIMOR	E CITY OR C	OUNTY OF DEATH	1
11		shinatan.	D. C.	U.S.A.		WIDOV	VED DIVOR	CED 🗆	Prince	Georg	ge's Coun	ty MD
10	10. CI	TY OR TOWN OF DE		L NAME OF HOS	PITAL, NURSING HOM	E, OR OTH	ER INSTITUTION	12a USU	AL OCCUPAT	ION (TYPE OF V	WORK 12b. KIND OF OR INDU	BUSINESS
0	U	xon Hill	/	1152 Ker	mebec Stre	ет			noloue		None	
12	USUA Ja Si	L RESIDENCE (IF IN NI	URSING HOME OR C	OTHER INSTITUTION, GR	VE RESIDENCE BEFORE ADMISS	ION)	113d INSIDE CITY LIMITS?			-	Market Street	
1	300	. C.	1347 COOI411		Washing	t.on.	YESXIX NO	1530	Butle	r Stre	et S.E. #	104
	-	THER'S NAME	-	MIDDLE			15. MOTHER'S MAID		MIDDU			
Λ		Ronald		(e)	Young Sr.		Roberta		MIDDO	,e	Anderso	n
11	16a W	VAS DECEASED EVER	R IN U.S. ARME	D FORCES?	16h SOCIAL SECURI	TY NO.	17 INFORMANT		-	ADDRESS		
4		No. or unknown)	N/A	R OR DATES)	578-92-1	961	Roberta	z M. Y	oung M	Mother	.) Same as	13e.
Ì				one couse per line	far (a), (b), and (c).)						APPROXI	MATE INTERVAL
		PART I DEATH V	VAS CAUSED B		Gunshot wou	nd of	chest				BETWEEN	NSET AND DEATH
TE DEPARTMENT OF HEALTH AND MENTAL HYGH		1654	INVICOINTE		AS A CONSEQUENCE							
SEW I		Canditions, if gave rise to		(b)								
ő		cause (a) statin	g the <u>under-</u>	< '	AS A CONSEQUENCE	OF	-36-7-1			A 100 TO		
		lying cause lost		(c)								
5		PART 2 OTHER SIGNIFICAL	NT CONDITIONS COL	NTRIBUTING TO DEATH	BUT NOT RELATED TO THE TER	MINAL DISEAS	E OR CONDITION GIVEN IN P	ART 1 (a)				
	O											
7	CERTIFICATION	190. DATE OF OPER	ATION	19b. CONDIT	ION FOR WHICH OPE	RATION W	AS PERFORMED?				20 AUTOF	SY?
	TE							YES X	ON K			
2		210. EXTERNAL CAL		21b. TIME OF	MP11129183	21c. H	ow INJURY OCCURR Abject four	ED (ENTERN)	ATURE OF INJURY	IN ITEM 18 PART I	OR PART 2)	
4	CAL	CONTRIBUTING	CAUSE OF DE	ATH P.M	. 19			nu sno	16			
	MEDICAL	214 INJURY OCCUP			OF INJURY (AT HOME,		152 Kenneb	00 5+2	CALACH TO COL	on U+1	1 1couMawu1	and STAIR
	2	AT WORK AT V	WHILE XX	in a	'yard' behin	iu I	ioz Kennebi	ec str	eet 0)	וח ווטא	i i, mai y i	anu
1			I took charge	of the remains des	cribed abave, held an	Autop	sy X, Inspection	on .	Inquiry [and in	my opinian	
		death resulted from				uicide	Hamicide X		mined monni		,	
4			01-	· - k	\ CAT		TITLE (SPECIFY)					
2		ACTUAL SIGNATURE	MY OU	wite 1	me ha	U.	Assista	nt MEDIC	CALEXAMIN	ER C	DATE 1-29-	83
1			100									8 - 2 - 2
BALTIMORE, MARYLAND, 2		(TYPE OR PRINT)	Mane				ADDRESS	4-0				
,	23o. BI	URIAL, CREMATION,	REMOVAL 23b	DATE Lan.	KOTO AME OF C	METERY C	OR CREMATORY	1 138 10	ATION	- t	COUNTY	STATE
	15	Runial	2	14/83	Harmon	· Man	arial Darb	lav	daver	Maru		JIME
	24. FI	Burial INERAL DIRECTOR		ADDRESS		1-14 Chit	orial Park		REGISTRAR	A. REGISTR	AR'S SIGNATURE	1
)	A	lason Inc.	1661		oe rd. S.E.	,	FEE	34 1	1983	sun,	Je coul	
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